FOREWORD

CHAPTER 1 - GENERAL ADP REQUIREMENTS

CHAPTER 2 - TRICARE ENCOUNTER DATA (TED)



NOTE: Changes from the ADP Manual up to Change 19, TRICARE Prime Remote for ADFM, and TRICARE For Life have been incorporated.



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TRICARE
MANAGEMENT ACTIVITY

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE HEALTH AFFAIRS

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January 1, 2002

FORFWORD

The TRICARE Systems Manual (TSM) 7950.1-M defines the contractor's responsibilities for automated processing of health care information, reporting and transmission of relevant data between the contractor and the TRICARE Management Activity. The manual also provides the requirements for the Managed Care Support Contractors (MCSCs) to interface with the Defense Enrollment Eligibility Reporting System (DEERS) for performing TRICARE Prime enrollments onto DEERS and obtaining beneficiary eligibility verifications from DEERS.

Comments regarding this manual should be sent to:

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GENERAL ADP REQUIREMENTS

SECTION SUBJECT

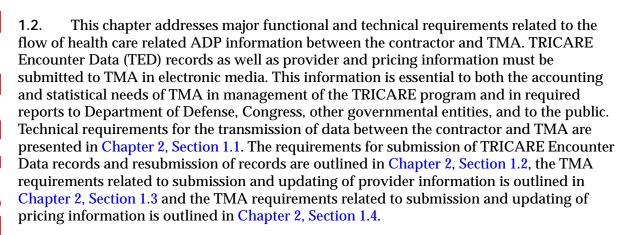
- 1.1 GENERAL ADP REQUIREMENTS
 - 1.0. General
 - 2.0. ADP Requirements



GENERAL ADP REQUIREMENTS

1.0. GENERAL

1.1. The TRICARE Systems Manual defines the contractor's responsibilities related to automated processing of health care information and transmission of relevant data between the contractor and TMA. It covers three major categories of information flowing among the contractor and TMA and DEERS: health care service information, provider information and pricing information. For each of these categories it presents specifics of submission, record and data element specifications, editing requirements, and TMA reporting of detected errors to the contractor.



1.3. The ADP requirements will incorporate the HIPAA mandated standards wherever feasible. These standards are being reviewed and will be incorporated in a future version.

2.0. ADP REQUIREMENTS

It is the responsibility of the contractor to employ adequate hardware, software, personnel, procedures, controls, contingency plans and documentation to satisfy TMA data processing and reporting requirements. Items requiring special attention are listed below.

2.1. Backup System

2.1.1. Reliable backup for hardware, software, data files and personnel must be available to ensure continuous data processing when any of the listed primary components are not available for an extended period of time. These requirements can be satisfied by ensuring access to alternate hardware, regular backup procedures for application software and data files, and a backup plan for acquiring personnel in an emergency situation. All these measures must provide for timely recovery of data processing services following an interruption.

- 2.1.2. The contractor will conduct a test of the backup system within the first quarter of the initial health care delivery period and will continue to assure backup capabilities by testing or reviewing the availability and capability of the backup ADP system to process the TRICARE data and produce the expected results. Review of the primary ADP system configuration with the backup ADP system must be done at least semiannually. The contractor's testing of the backup system will be done at least once a year.
- 2.1.3. The test in the first quarter and the annual test must include a representative sampling of at least four hundred (400) of the various health care records routinely processed by the contractor. If the test does not produce results which are equal to those achieved on the contractor's primary system, the contractor shall take immediate steps, and within ninety (90) days reestablish a backup ADP system acceptable to TMA. In all cases, the results of the review and/or test results will be reported to Contract Management Directorate, TMA, within fifteen (15) days of conclusion of the review or test.

2.2. Security

- 2.2.1. The contractor has the responsibility to ensure that TRICARE program records in its custody, whether in machine readable form or hardcopy, are protected from unlawful disclosure, fraud or embezzlement. The Privacy Act of 1974 requirements must be applied to production test and distribution of hardcopy reports, to labeling and mailing of magnetic tapes, to restrictions of online access to data files, and to destruction of reports and magnetic tapes. These records must be protected from malicious or inadvertent destruction, and also from loss due to natural disasters.
- 2.2.2. OPM Part One, Chapter 1, Section V. outlines specific statutory requirements for control and/or release of information. The contractor, in processing TRICARE data, develops and maintains information files which fall within requirements of these laws. Control of access, either physically or electronically, to the contractor's TRICARE program software, operational data files, documentation libraries and off-site storage areas must be limited to those persons with a legitimate need to access and use the information. All factors discussed above must form a basis for the contractor's security plan.
- 2.2.3. All systems processing sensitive but unclassified information or information subject to the Privacy Act of 1974 shall be protected. All contractors supporting TRICARE healthcare delivery programs (e.g., TRICARE Senior Prime) will comply with the security requirements process as defined by DoD 5200.40 (DoD Information Technology Security Certification and Accreditation Process (DITSCAP)), and as stated in this Manual.

2.2.4. Specific Security Requirements:

- 2.2.4.1. The contractor shall comply with DoD Minimum Security Requirements, DoD 5200.40 (DITSCAP), Health Insurance Portability and Accountability Act (HIPAA) (specifically the Administrative Simplification section of the Law, including the security, electronic signature, and privacy standards), Privacy Act Program Requirements (DoD 5400.11), Personnel Security Program (DoD 5200.2-R) and the MHS Information Assurance Policy Manual.
- **2.2.4.2.** All contractor or contract leased or supported IT systems that process, sort, transmit, or access sensitive but unclassified government information or information systems



will obtain security certification and accreditation IAW DoD 5200.40 (DITSCAP) and the supporting guideline documents published by the Defense Information System Agency (DISA).

- **2.2.4.3.** The MHS Information Assurance Team will provide guidance in the development of security documentation specified by the security references above in support of the certification and accreditation process.
- 2.2.4.4. Documentation includes an overall System Security Authorization Agreement (SSAA), a Vulnerability Assessment, Risk Analysis, Trusted Facilities Manual, Security Features User's Guide, and other security documents as defined within the referenced directives and standards.
- 2.2.4.4.1. Explanation of the System Security Authorization Agreement: The SSAA is a living document that represents the formal agreement among the Designated Approving Authority (DAA), Certifying Authority (CA), User Representative, and Program Manager. The SSAA is used throughout the entire DITSCAP to guide actions, document decisions, specify Information Technology Security (ITSEC) requirements, document certification tailoring and level of effort, identify potential solutions, and maintain operational systems security. The primary objectives of the SSAA are provided below:
- Document the formal agreement among the DAA(s), the CA, the user representative, and the program manager.
 - Document all requirements necessary for accreditation.
 - Document all security criteria for use throughout the IT system life cycle.
- Minimize documentation requirements by consolidating applicable information into the SSAA (security policy, concept of operations (CONOPS), plans, architecture description, etc.).
 - Document the DITSCAP plan.

The SSAA is updated in each phase as the system development progresses and new information becomes available. The SSAA consolidates the system and security documentation into one document. This eliminates redundancy and potential confusion as multiple documents describe the system, security policy, system and security architecture. When feasible, the SSAA can be tailored to incorporate other documents as appendices or by reference to the pertinent document

- 2.2.4.4.2. System Security Authorization Agreement Appendices:
- **2.2.4.4.3.** System Design Document: Describes the framework for the information system security architecture that includes a physical description of the hardware, software, firmware, interfaces, and Data flow.
- Hardware: Describes the hardware used and whether it is a standard commercial product, unique, or on the National Security Agency (NSA) Evaluated Products List (EPL). Include an equipment list and describe the target hardware and its function.









- Software: Describes the operating system(s), database management system(s), and applications. Documentation software includes the entire set of application programs, software procedures, software routines, and operating system software associated with the system. This includes manufacturer-supplied software, other commercial off-the-shelf software, and all programs generated applications software. The features of any security packages used on the system should be identified and described. Identify any software packages that are commercial off-the-shelf (COTS), government off-the-shelf (GOTS), and on the EPL and describe the target software and its intended use.
- Firmware: Describes the firmware used and whether it is a standard commercial product, unique, or on the EPL. For example, items such as Programmable Read-Only Memory (PROM) and erasable PROM (EPROM) devices are considered firmware. The software that is stored permanently in a hardware device that allows reading and executing the software, but not writing or modifying should be described.
- System interfaces and external connections: Describes the significant features of the communications layout. A high level diagram of the communications links and encryption techniques connecting the components of the information system, associated data communications, and networks should be included. Describe the system's external interfaces. The description should include a statement of the purpose of each external interface and the relationship between the interface and the system. Provide information on all Ports and Protocols used.
- Data flow: Describes the system's internal interfaces and data flows. The types of data and the general methods for data transmission should be stated. Diagrams or text to explain the flow of critical information from one component to another should be included.
- 2.2.4.4.3.1. System Rules of Behavior: This appendix provides an established set of rules of behavior concerning use of, security in, and the acceptable level of risk for, the system. The rules shall be based on the needs of the various users of the system. The security required by the rules shall be only as stringent as necessary to provide adequate security for information in the system. Such rules shall clearly delineate responsibilities and expected behavior of all individuals with access to the system. They shall include appropriate limits on interconnections to other systems and shall define service provision and restoration priorities. Finally, they shall be clear about the consequences of behavior not consistent with the rules.
- 2.2.4.4.3.2. Contingency Plan(s): Describes the rapid recovery of a system in the event of an outage or interruption to automated mission operations. This document should describe the emergency responses, backup procedures, backup operations, and recovery. An outage or interruption may be caused by damage to facilities, equipment, software, or data that comprise the system or application. The plan provides an organized method for restoring automated mission operations to a useable level that will support crucial mission functions during times of emergency or until full and permanent operations can be restored. The plan defines the responsibilities of each person expected to play a role during the emergency and requirements for testing the plan. The detail of the contingency plan is influenced by the IT environment, the criticality of the functional applications being supported, and the user's requirements.

- 2.2.4.4.3.3. Security Awareness and Training Plan: Describes the security-training plan based on the written rules of the system. The type of training and the content should be specific to what each type of user needs to know to use the system securely. Documentation should include how specific groups of users will be trained and what that training will include. Subjects to be covered should include work at home, dial-in access, connection to the Internet, use of copyrighted works, unofficial use of government equipment, the assignment and limitation of system privileges, individual accountability, technical security controls (e.g., password use), proper use of applications, how to get help, and restoration of service as a concern of all users of the system or application.
- 2.2.4.4.3.4. Incident Response Plan: Describes policies and procedure for providing a capability to help users when a security incident occurs in the system and to share information concerning common vulnerabilities and threats. This capability should assist the organization in pursuing appropriate legal action if necessary. Documentation should address reporting requirements for security incidents and actions to be taken.
- 2.2.4.4.3.5. Configuration Management Plan: Describes the change management control or configuration control procedures. These procedures should identify and document the functional and physical characteristics of the system, control changes to those characteristics, and record and report change processing and implementation status.
- 2.2.4.4.3.6. Security Features Users Guide: Describes the User/Employee duties and responsibilities for security while using your network and consequences if they fail to follow the policies.
- 2.2.4.4.3.7. Trusted Facility Manual (TFM): Documents the cautions and privileges necessary to control the operations of a secure facility, and provides the procedures for managing system audits. Describes audit procedures, records, and actions associates with various types of audit events. The TFM focuses on system administration, not on computer security in general. The document briefly describes the system, details security mechanisms in place and defines procedures to securely administering the system. The document also discusses the philosophy of the system security design and control. The TFM describes security operations and roles and responsibilities associated with system administration.
- 2.2.4.4.3.8. Security Test Plan, Procedure and Results: This appendix describes both the expected and actual test outcomes for the security mechanisms or features, at both the system and application level. All security features must be tested at both the system and application level; this includes Audit, Discretionary Access Control, and Identification and Authentication, and Object Reuse. Test documentation describes the test plan; test logs, test reports, test procedures, and test results and explains how the security mechanisms were functionally tested.
- 2.2.4.4.3.9. Security Policy: This appendix does not have to be a separate document, but can be part of the core SSAA. This section describes what is and is not permitted in the field of security during the general operation of the system. The security policy section describes the exceptions to the policies contained in the laws, regulations, rules, and practices that regulate how an organization manages, protects, and distributes information. This section establishes policy precedence when more than one policy applies. A list of polices that apply to the system is provided. The primary thrust of this section is to develop mission-level security objectives through deductive reasoning. Security objectives are the top-most level of

specifications and focus on the security related aspects of the identified mission. Security objectives must be concise, declarative sentences derived from analysis of mission information, threat, and umbrella security guidance. These security objectives should be written in terms independent of architecture and implementation. Each security objective should be justified by rationale. The rationale documents the mission objectives supported by that security objective, the threat driving the security objective, the consequences of not implementing the objective, and applicable umbrella security guidance supporting that security objective. The rationale binds each security objective to a mission objective and focuses attention on security at the mission level.

- 2.2.4.4.3.10. Memorandum of Agreement(s): This appendix contains all required memoranda of agreement (MOA). When systems managed by different DAAs are interfaced or networked, a MOA is required that addresses the accreditation requirements for each system involved. The MOA should include description and classification of the data, clearance levels of the users, designation of the DAA who shall resolve conflicts among the DAAs, and safeguards to be implemented before interfacing the systems. MOAs are required when one DoD component's system interfaces with another system within the same DoD component or in another DoD component and when a contractor's system interfaces with a DoD component's system or to another contractor's system.
- **2.2.4.4.3.11.** Personnel Security Controls: This appendix provides a statement indicating the responsible organization complies with the appropriate personnel security requirements.
- 2.2.4.5. All electronic transmission of medical records and data over public unprotected and unapproved paths must be protected with FIPS 140-1 validated encryption technology that is interoperable with the DoD Public Key Infrastructure (PKI).
- **2.2.4.6.** The Designated Approval Authority (DAA) as defined by the Lead Agent will serve as the accreditation official for Contractor information technology systems processing government sensitive but unclassified information.
- 2.2.4.7. All Contractor AISs, including stand-alone personal computers and laptops, that process government sensitive but unclassified information will be protected at the highest level of sensitivity of information processed, stored, transmitted, or accessed.
- 2.2.4.8. The Contractor shall establish and maintain standing operating procedures for safeguarding the security of the all sensitive but unclassified information, including privileged patient medical information and information subject to the Privacy Act, 1974, at a reasonable level of protection to preclude inadvertent disclosure to unauthorized sources.
- **2.2.4.9.** These procedures shall include system auditing and routine review of audits, security awareness training, appropriate management of all system accounts and passwords, and providing access only to authorized personnel.
- 2.2.4.10. The Government reserves the right to specify what Government data/information may be accessed by the Contractor. If at any time, classified national security information is discovered, a security breach is discovered, or unsuccessful attempts to access unauthorized information are noted, the Contractor shall secure the information and report the incident to the appropriate government representative.



- **2.2.4.11.** The Contractor shall implement all required network security safeguards to protect the Contractor's AIS and sensitive information from unauthorized access, modification, or damage.
- 2.2.4.12. Specifically the Contractor shall implement network security measures to prevent unauthorized access via the Internet/DISN WAN and obtain certification and accreditation of the Contractor furnished network IAW DoD 5200.40 (DITSCAP), and the Information Assurance Technology Framework Forum (IATFF) ensuring compliance with the DoD Defense in Depth initiative.
- **2.2.4.13.** The Contractor shall implement security measures to protect the system and data resources, procedures to react to Computer Emergency Response Team (CERT) security notices, and procedures designed to detect and correct security vulnerabilities.
- **2.2.4.14.** All government provided information, or information relating to government sponsored personnel, that comes into the custody of the contractor remains the property of the U.S. Government and shall either be returned to the government or destroyed when directed by the appropriate government representative.



2.2.4.15. Personnel Security:



2.2.4.15.1. The contractor shall comply with the requirement to obtain the minimum personnel security investigations as prescribed by DoDD 5200.2-R based on the individual's responsibilities and access to sensitive but unclassified information.



2.2.4.15.2. This directive prescribes the level of security investigation required and the process for obtaining these security investigations.



2.2.4.15.3. All contractor personnel who have access to systems processing, storing, or transmitting sensitive but unclassified medical information shall be classified as ADP-I, ADP-II, or ADP-III as defined in DoDD 5200.2-R as dictated by their level of responsibility.



2.2.4.15.4. This classification determines the type of security investigation required.

- **2.2.4.15.5.** Once personnel classification is determined, the appropriate investigation forms, finger print cards, and questionnaires shall be completed as required and submitted to the assigned Government AIS Security Officer for processing.
- **2.2.4.15.6.** The appropriate government representative may authorize contractor personnel to temporarily occupy non-critical sensitive positions pending completion of the National Agency Check (NAC).
- **2.2.4.15.7.** If at any time the individual receives unfavorable NAC adjudication, or if at any time information that would result in an unfavorable NAC becomes known, the Contractor shall immediately remove the employee from the non-critical-sensitive position.
- **2.2.4.15.8.** All contractors and contractor sponsored personnel accessing Government systems are required to sign a non-disclosure agreement that will be retained as an official permanent record as determined by the sponsoring activity.

- **2.2.4.15.9.** Security files on all Contractor personnel assigned to the contract shall be maintained by the contractor and made accessible to the appropriate government representative's Security Manager as required.
- **2.2.4.15.10.** The Contractor shall report possible adverse information on contract employees occupying non-critical-sensitive positions through the ACOR to the appropriate government representative Security Manager.
- 2.2.5. Security activities are part of an ongoing process, even after certification and accreditation (C&A). Systems, processes, and personnel security must be maintained in accordance with DITSCAP and C&A approval packages. The Contractor will notify their Contracting Officers if/when they become aware of major modifications to their systems that may impact on their certification and accreditation.



TRICARE ENCOUNTER DATA (TED)

	SECTION	SUBJECT
	1.1	DATA REPORTING - TELEPROCESSING REQUIREMENTS 1.0. General 2.0. Data Communication Technical Requirements 3.0. Data Transmission Format Requirements 4.0. Transmission Development 5.0. Transmission Environment 6.0. Contingency Action Plan
RAI	1.2	 DATA REPORTING - TRICARE ENCOUNTER DATA RECORD SUBMISSION 1.0. General 2.0. Initial Submission Of TED Records 3.0. Submission Of Adjustment/Cancellation TED Records 4.0. Resubmission of TED Records 5.0. Interim Institutional Payments 6.0. Process for Reporting Resource Sharing and Capitated Treatment Encounters to TMA 7.0. Process for Reporting Blood Clotting Factor Data to TMA
	1.3	DATA REPORTING - PROVIDER FILE RECORD SUBMISSION 1.0. General 2.0. Provider File Record Maintenance
	1.4	DATA REPORTING - PRICING FILE RECORD SUBMISSION 1.0. General 2.0. Pricing File Reporting Requirements 3.0. Pricing File Record Maintenance
	2.1	DATA REQUIREMENTS - OVERVIEW
	2.2	DATA REQUIREMENTS - DATA ELEMENT LAYOUT 1.0. Batch/Voucher Header Data Element 2.0. Institutional data element 3.0. Non-institutional data element 4.0. Provider File Record 6.0. Transmission Records 5.0. Pricing Data Record 7.0. Print/Report Transmissions

2.3

2.4	DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (A - D)
2.5	DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (E - L)
2.6	DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (M - O)
2.7	DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)
2.8	DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (Q - S)
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2.10	DATA REQUIREMENTS - PROVIDER RECORD DATA
2.11	DATA REQUIREMENTS - PRICING RECORD DATA
3.1	GENERAL EDIT REQUIREMENTS - OVERVIEW 1.0. TMA Editing System 2.0. TMA Error Messages 3.0. Relational Error Codes 4.0. Relational Error Messages

DATA REQUIREMENTS - HEADER RECORD DATA

DATA REPORTING - TELEPROCESSING REQUIREMENTS

1.0. GENERAL

The common means of communication between TMA and the contractor for sending and receiving data is a teleprocessing connection. An alternate method may be approved by TMA if there are good reasons to do so. Each contractor on the telecommunication network is responsible for furnishing to TMA at the start-up planning meeting (and update when a change occurs), the name, address, and telephone number of the person who will serve as the technical point of contact on teleprocessing matters. Contractors shall also furnish a separate computer center number to TMA which the TMA computer operator can use for resolution of problems related to data transmissions.

2.0. DATA COMMUNICATION TECHNICAL REQUIREMENTS

2.1. Network Communication Requirement

2.1.1. NIPRNET/INTERNET Connectivity from Contractor to TMA

All network traffic will be via TCP/IP. The government will arrange for NIPRNET connections to the contractors where feasible; otherwise, the public internet will be used. Government approved encryption will be used for all traffic between Contractor and TMA. Traffic from providers to contractors, among contractors, and between contractors and other health plans will follow encryption/security standards as required by HIPAA. The contractor is responsible for providing internal network connectivity to this TCP/IP data communication link.

2.1.2. Circuits

Circuits shall be ordered and maintained by TMA.

2.2. Front End Processor (FEP) Requirements

Depending on the services required by the contractor, the following ports must be provided by the contractor.

2.2.1. Integrators shall ensure that interactive traffic has highest priority during normal work hours. (Lights out, automated file transfer technology shall be implemented wherever practical. Human intervention and initiation shall be eliminated to every extent possible. This approach is intended to increase reliability, reduce potential for human error, maximize line utilization, minimize impacts on interactive sessions, and enhance operational efficiency.)









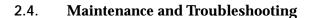


2.3. **Communication Protocol Requirements**

2.3.1. File transfer and distributed systems applications support software shall be provided by the government. This software is to support communications with the TMA data processing center. CONNECT:Direct (formerly Network Data Mover and hereafter referred to as NDM with the TCP/IP option) is the communications software in use. The contractor must provide this product and a platform capable of supporting this product with the TCP/IP option included. Details on this product can be obtained from:

> **Sterling Software Communications Software Division** 2477 Gateway Drive Irving, TX 75063-2728 Phone: 703-264-8404

2.3.2. For interactive session support, TCP/IP communications software incorporating the application TN3270 shall be provided by the contractor.



- 2.4.1. Troubleshooting shall be initiated, either by the government or contractor, for government provided communications equipment. The contractor must provide a POC for this function to the TMA.
- 2.4.2. The contractor shall be responsible for troubleshooting and maintaining government provided communications equipment, at the contractor site.
- Maintenance for the circuit and government provided communications 2.4.3. equipment shall be the responsibility of the government. The government shall provide a POC for local repairs.
- At the discretion of the contractor, backup communications equipment will be provided to support contractual claim cycle requirements and interactive transaction traffic. The public Internet will be used as the backup transmission vehicle.

3.0. DATA TRANSMISSION FORMAT REQUIREMENTS

CONNECT:Direct 3.1.

- A variety of TMA applications shall utilize the CONNECT:Direct 3.1.1. communications software.
- 3.1.2. CONNECT: Direct does not restrict record lengths or record formats, destination media between host processors, etc. Data conversions occur automatically between platforms founded in ASCII or EBCDIC.
- File organization, record formats, edit specifications, and report formats related to 3.1.3. a particular application are identified under appropriate portions of this manual. Reference Chapter 1, Section 2 for record formats, and appropriate, corresponding chapters for edit requirements associated to specific elements within the record formats submitted to TMA.







3.1.4. Transmission size is limited to any combination of 250,000 records at one time.

3.2. Security

The goal of TMA security administration is to minimize maintenance of user-IDs and passwords across the network and to accommodate future security strategies through current procedures. All contractors shall comply with HIPAA security requirements.

3.2.1. Remote User Access to TMA

TMA shall implement Point Of Entry security in its communications with all remote sites. The network administrator at each remote installation shall contact the TMA network administrator to provide the local user-ID(s), name(s), and telephone number(s) of each individual requiring access to TMA. The TMA network administrator shall use the CONNECT:Direct authorization facility to relate the user id provided by the remote site to an internal user id and password at the TMA data processing installation. System Node ID (SNODEID) overrides shall not be permitted. Three advantages are derived through Point Of Entry implementation:



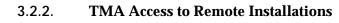
3.2.1.1. The remote user need not be concerned with changing passwords at frequent intervals:



3.2.1.2. Potential security breaches through hardcoded passwords are eliminated; and



3.2.1.3. Remote user access to CONNECT:Direct can be granted/retracted simply and quickly. The internal user id at TMA shall be highly restricted to standardized high level qualifiers, and shall not have TMA or batch access.





Remote installations shall not require secondary node userid/password from TMA CONNECT:Direct users for the same reasons mentioned above. In those instances where userid/password is in use or planned, a similar security strategy is recommended.



3.3. "As Required" Transfers

Ad hoc movement of data files shall be coordinated through and executed by the network administrator or designated representative at the source file site. Generally speaking, the requestor needs only to provide the point of contact at the remote site, and the source file name. Destination file names shall be obtained from the network administrator at the site receiving the data. Compliance with naming conventions used for recurring automated transfers is not required. Other site specific requirements, such as security constraints and pool names are generally known to the network administrators.

4.0. TRANSMISSION DEVELOPMENT

A pure TCP/IP lights out implementation is the ultimate goal of all automation efforts pertaining to the communications software by eliminating human intervention, and providing reliable and smooth automated interfaces to applications at each site involved. Ideally, the generation, movement, utilization, processing, and reporting of data between

remote systems is intended to become virtually transparent. Functional specifications requiring manual input are highly discouraged. In order to facilitate this concept, the contractor shall implement, wherever possible, the TMA file naming convention for data files distributed over the TMA network. To have successful automated processes, all the following must be addressed:

4.1. **File Naming Convention**

- 4.1.1. All files received by and sent from the TMA data processing site shall comply with the following standard when using CONNECT:Direct:
- 4.1.1.1. First high level qualifier: OCH.
- 4.1.1.2. Second high level qualifier: NW. (production only) NWT. (systems integration test)
- Third high level qualifier: variable application name assigned by TMA network 4.1.1.3. administration. (not to exceed four characters)
- Remaining qualifiers: variable per application needs. 4.1.1.4.
- 4.1.2. The Contractor:
- 4.1.2.1. Shall retain source files transmitted over the communications network, to enable immediate isolation and identification for retransmission of the same dataset, for at least seven days. This does not alleviate other data retention requirements imposed by TMA.
- Is highly encouraged to provide for utilization of the above naming convention 4.1.2.2. standard on their own system for any data files involved in communications with TMA, but is not required to do so when the file being submitted to or retrieved from TMA's input by the contractor to the communication software's automated and standardized processes by variable parameter.

4.2. Centralization

TMA shall provide the automated process(es) required for implementation of a communications application, with the exception of site specific functions that vary from one site to another due to implementation of the software's capabilities. An example would be signon/signoff statements for DMBATCH methodologies implemented at that site.

Standardization 4.3.

The contractor shall be afforded the opportunity to provide design and concept input prior to development and implementation of standardized communications processes for each application. Additional instructions pertaining to communications development may be found in the TMA standards.











4.4. Process Language

Since the effect of communications impacts multiple systems at the contractors and at TMA, all automated processes shall be developed by network administration personnel. Individuals assigned to this function shall be knowledgeable of the capabilities of the software. A network primary and secondary point of contact must be designated at each site (contractors/TMA) to coordinate development, integration, and modification. These individuals shall also be responsible for testing, implementing, monitoring, analyzing error situations, and resolving problems pertaining to communications functions.

4.5. Timing

Telecommunication transfers during normal business hours may be adversely affected by normal processing. Therefore, every attempt shall be made to maximize utilization of telecommunications lines by deferring transfers to night-time operation.

4.6. Frequency



Ideally, data would be accumulated at the source site throughout the workday, with a single file being transmitted at night. However, there are no restrictions on the number of files that may be transmitted in a single day.

4.7. Initiation



Under most circumstances, the source file site shall initiate automated processes to cause transmission to occur. With considerations for timing and frequency, activation of transfers for each application shall be addressed on a case by case basis.

4.8. Remote Systems Integration Testing Requirements



In addition to the actual movement of data between two sites, the application interface at each site is a critical piece of automation that severely impacts the success and/or failure of data communications. Interface to distributed applications may be automated, and is highly encouraged wherever practical.

- 4.8.1. Integration testing of the applications generating the source file(s) and utilizing the file(s) after transmission is required. These tests shall address at a minimum:
- 4.8.1.1. CPU and communications systems non-availability in excess of 24 hours,
- 4.8.1.2. Scheduled systems maintenance and IPL at each site,
- **4.8.1.3.** Isolation of communications functions versus applications processing of data files, especially in respect to delays involving communications,
- 4.8.1.4. Monitoring of active lines/definitions,
- **4.8.1.5.** Reasonable lead times for source file preparation,
- **4.8.1.6.** Automatic initiation of source and destination file processing, and,

4.8.1.7. Adequacy of restart/recovery settings.

5.0. TRANSMISSION ENVIRONMENT

5.1. **Telecommunications Queue (TCQ)**

Management of communications functions shall be accommodated primarily through the software's TCQ. To avoid inadvertent loss of communications processes in progress, warm start is recommended for specification in the CONNECT:Direct initialization parameters.

5.2. **Parallel Session Support**

A minimum capability of 2 (two) parallel sessions between a remote site and TMA is requested, but not required. It is assumed that network administration staffs at each site shall configure and tune the environment for maximum performance and balance between all nodes in their network.

6.0. CONTINGENCY ACTION PLAN

If the contractor or TMA is unable to teleprocess data due to mechanical failure or natural disaster and repair time is expected to exceed 24 hours, the involved parties shall immediately transmit the data by shipping a magnetic tape. The contractor or TMA is responsible for immediately contacting the other in the event of any condition which would preclude teleprocessing data within the established schedule. The primary points of contact shall be the TMA computer operator and the contractor computer operator. The secondary points of contact shall be the persons designated by the contractor for teleprocessing matters and by TMA Contractor Support/CEIS Liaison. The contractor and TMA are responsible for providing each other the appropriate phone numbers and names.

6.1. **Magnetic Tape Processing**

Except in teleprocessing network failure (see above), only those contractors with permission from TMA will submit their data via magnetic tape. All contractors, however, must be able to send and receive data via mailed magnetic tape.

6.2. **Tape Characteristics**

Tape characteristics will be provided by TMA at a later date.

External Label 6.3.

The contractor must identify the tape as a TMA tape and the external label must list the name of the contractor, the contractor number, the dataset name, file name (see above), block size, and record count.

6.4. **Shipping Instructions**

All tapes shall be shipped to TMA, c/o Defense Enterprise Computing Center (DECC), 6760 East Irvington Place, Denver, CO 80279-8000. Shipments shall be made by











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means of transportation that assures secure and overnight delivery. Tapes must be packaged for shipment in cushioned envelopes or containers.

Data Reporting - TRICARE Encounter Data Record Submission

1.0. GENERAL

- 1.1. TRICARE Encounter Data (TED) Records provide detailed information for each treatment encounter and are required for TMA statistical and financial reporting. A TED Record consists of either an institutional or non-institutional record. An institutional TED Record is defined as the submission of treatment encounter data created by the formal acceptance by a hospital or other authorized institutional provider of a TRICARE beneficiary for the purpose of occupying a bed with the reasonable expectation that the patient will remain on inpatient status at least 24 hours with the registration and assignment of an inpatient number or designation.
- 1.2. All elements of the TED records must be maintained in the contractor's claims history file. The claims history will reflect the data submitted to TMA on the TED Record including resubmissions and adjustments; it will also contain all data necessary to reproduce a TED record as required by this manual and to reproduce an EOB, if required.
- 1.3. All other treatment encounter data including institutional care in connection with ambulatory surgery must be reported on a non-institutional TED Record.
- 1.4. There are three types of TED Records:
- 1.4.1. Initial Submission
- 1.4.2. Adjustment Submission
- 1.4.3. Resubmission
- 1.5. These types of records are discussed briefly in the following paragraphs. Complete record layouts, data requirements by Element Locator Number (ELN), and edit criteria are detailed in Chapter 1, Section 2 through Section 8.
- **1.6.** TED Records within a day's cycle are processed by TMA first in Filing Date order, then by TYPE OF SUBMISSION (I, O, D, R first; A, B, C, E second).

2.0. INITIAL SUBMISSION OF TED RECORDS

Initial submission applies only to the **first** submission of a **new** TED Record. Initial submissions are identified by TYPE OF SUBMISSION codes 'I', 'D', and 'O' on the TED Record.



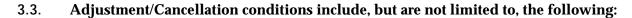




- 2.1. All data indicated as "required" in the data element definition must be reported. If not received in the treatment encounter data, this data must be developed.
- 2.2. All signed numeric data elements on the initial submission must be reported as positive values.
- 2.3. When institutional TED Records are reported for other than the complete inpatient hospital stay, i.e. inpatient RTC care, the TED Records must be reported to TMA in the sequence that the care was provided (FREQUENCY CODES, 2-Initial, 3-Interim or 4-Final). If billings are submitted out of sequence the record submitted out of sequence will be provisionally accepted with the expectation that the missing portion of the stay will be submitted at a later date.

3.0. SUBMISSION OF ADJUSTMENT/CANCELLATION TED RECORDS

- 3.1. Adjustment submission applies to previously submitted and accepted TED Records which require adjustment because of processing errors or the need to update prior data with more current/accurate information. Adjustments are absolutely not permitted when the TYPE OF SUBMISSION on the initial TED Record was 'D' (Complete Contractor Denial).
- 3.2. Adjustment/Cancellation submissions are identified by TYPE OF SUBMISSION codes 'A', 'B', 'C', and 'E' on the TED Record. The use of the proper code is essential to accurate processing of adjustments.



- 3.3.1. Error in information received from the provider or beneficiary
- 3.3.2. Late submission of data from providers
- 3.3.3. Error in processing by current or prior contractor (if applicable)
- 3.3.4. **Deductible corrections**
- 3.3.5. Successful recoupment of monies, or receipt of a refund from the provider, beneficiary, or third party
- 3.3.6. Stale dated payment checks
- 3.3.7. When heath care is charged to the wrong risk category (i.e., at-risk vs. not-at-risk) the original record will be cancelled and resubmitted under the correct risk category.
- Adjustment submissions are positive (where additional monies are being paid by the 3.4. contractor), **negative** (where monies are being credited back to the contractor), or **statistical** (serve to correct prior information but have no impact on payment amount).

Note: Adjustments to a complete denial TED Record are not permitted. Previously denied TED Records must be submitted as a new initial submission. If a negative adjustment results in complete cancellation of the amount paid by the government contractor, the adjustment must be reported with TYPE OF SUBMISSION codes 'C' or 'E'. Complete cancellation of







TYPE OF SUBMISSION 'O' (zero payment TED Record due to 100% reimbursement by other sources) is not permitted unless an adjustment TED Record(s) has been submitted with the net effect on AMOUNT PAID BY GOVERNMENT CONTRACTOR being greater than zero. Refer to "Examples" below for an example of a complete cancellation TED Record.

- 3.5. Examples of adjustment submissions are located below. Example paragraph 3.5.3.1. portrays a positive adjustment, example paragraph 3.5.3.2. portrays a negative adjustment, and example paragraph 3.5.3.3. portrays an adjustment correcting information without impact on payment amount.
- 3.5.1. All adjustment submissions must be reported using the TED INDICATOR reported on the initial submission TED Record, regardless of the number of adjustments to the initial TED Record. However, an adjustment that would result in submission of a different record category (e.g., change an institutional record, type 1, to a non-institutional record, type 2) is not permitted. In this instance, the initial TED Record must be completely cancelled (TYPE OF SUBMISSION code 'C'), and a new initial TED Record submitted with the correct data.



- 3.5.2. All data as reported on the initial TED Record must be resubmitted except for signed numeric fields, and those numeric fields requiring correction. Data contained within each line item in the variable portion of the adjustment TED Record must be reported in the same sequence, with the same LINE ITEM NUMBER as on the initial TED Record. An adjustment TED Record can add additional detail line items. All signed numeric fields and those non-signed numeric fields requiring correction must be reported according to the following:
- 3.5.2.1. All signed numeric data elements affected by the adjustment must reflect the net_difference between what was initially reported and the correct amount. If adjustments were made in signed numeric fields prior to the current adjustment, the data elements must reflect the net amounts after combining the amounts in the initial and all prior adjustment submissions with this submission. Those signed numeric data elements that are unaffected by the adjustment netting process must be set to zero.



- 3.5.2.2. Numeric data elements requiring correction or update must reflect the most current information applicable to the service(s) being reported. All other numeric data elements must be reported as on the initial submission, or if prior adjustments corrected/updated the initial data, the data from the most recent submission must be reported.
- 3.5.2.3. Adjustment and complete cancellation TED Records are matched and applied to their corresponding initial submission TED Record and any other adjustment TED Records at TMA. The resulting "net" TED Record is edited through the TMA edit system as if it were an initial submission TED Record. Thus, the original and any prior adjustments must have passed TMA validity edits before a new adjustment is reported.

3.5.3. Examples

3.5.3.1. Positive Adjustment

A TED Record was submitted by the contractor and processed by TMA with an amount billed of \$200.00, amount allowed of \$100.00, and \$50.00 applied to the deductible.

The amount allowed should have been \$180.00 and no monies should have been applied to the deductible. The amount billed, however, was unchanged.

INITIAL TED RECORD POSITIVE ADJUSTMENT AMOUNTS

INITIAL TED RECORD			
Amount Billed	\$200.00		
Amount Allowed	100.00		
Amount to Deductible	50.00		
Amount Paid (75%)	37.50		
ADJUSTMENT TED RECORD			
Amount Billed	0		
Amount Allowed	80.00		
Amount to Deductible	-50.00		
Amount Paid (75%)	97.50		
Effect At TMA			
Amount Billed	200.00		
Amount Allowed	180.00		
Amount to Deductible	0		
Amount Paid	135.00		

3.5.3.2. Negative Adjustment

A TED Record was submitted by the contractor and processed by TMA with an amount billed of \$500.00, an amount allowed of \$500.00, and amount paid by the contractor of \$500.00. However, other health insurance (OHI) was involved and their payment of \$400.00 was recouped. The amounts billed and allowed were correct but the amount paid should have been \$100.00.

TED RECORD NEGATIVE ADJUSTMENT AMOUNTS

INITIAL TED RECORD			
Amount Billed	\$500.00		
Amount Allowed	500.00		
Amount to OHI	0		
Amount Paid	500.00		
ADJUSTMENT TED RECORD			
Amount Billed	0		
Amount Allowed	0		
Amount to OHI	400.00		



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TED RECORD NEGATIVE ADJUSTMENT AMOUNTS (CONTINUED)

Amount Paid	- 400.00	
EFFECT AT TMA		
Amount Billed	500.00	
Amount Allowed	500.00	
Amount to OHI	400.00	
Amount Paid	100.00	

3.5.3.3. Statistical Adjustment

A TED Record was submitted by the contractor and processed by TMA for a hospitalization spanning twenty (20) bed days and \$2,000.00 in billed charges. Fifteen (15) of the days were considered authorized. Subsequently, the total number of bed days was found to be thirty (30) and billed charges were actually \$3,000.00. However, the allowable days and amount paid by the contractor remained unchanged.

TED RECORD STATISTICAL ADJUSTMENT

Initial TED Record			
Amount Billed	\$2000.00		
Amount Allowed	1500.00		
Total Bed Days	20		
Covered Bed Days	15		
Amount Paid (75%)	1125.00		
ADJUSTMENT TED RECOR	D		
Amount Billed	1000.00		
Amount Allowed	0		
Total Bed Days	10		
Covered Days	0		
Amount Paid	0		
Effect At TMA			
Amount Billed	3000.00		
Amount Allowed	1500.00		
Total Bed Days	30		
Covered Days	15		
Amount Paid	1125.00		

3.5.3.4. Negative Adjustment (Complete Cancellation)

A TED Record was submitted by the contractor and processed by TMA with an amount billed of \$500.00, allowed of \$500.00, and amount paid by government contractor of \$375.00. Subsequently, the contractor processed an adjustment to pay in full, reporting an increase of \$125.00 in the amount paid by government contractor. The contractor then determined the care was processed in error and recouped the entire \$500.00 payment.

TED RECORD NEGATIVE ADJUSTMENT

INITIAL TED RECORD			
Amount Billed	\$500.00		
Amount Allowed	500.00		
Patient Coinsurance	125.00		
Amount Paid	375.00		
Total Bed Days	5		
Covered Days	5		
ADJUSTMENT TED RECORD)		
Amount Billed	0		
Amount Allowed	0		
Patient Coinsurance	-125.00		
Amount Paid	125.00		
Total Bed Days	0		
Covered Days	0		
CANCELLATION TED RECO	RD		
Amount Billed	0		
Amount Allowed	-500.00		
Patient Coinsurance	0		
Amount Paid	-500.00		
Total Bed Days	0		
Covered Days	-5		
EFFECT AT TMA			
Amount Billed	500.00		
Amount Allowed	0		
Patient Coinsurance	0		
Amount Paid	0		
Total Bed Days	5		
Covered Days	0		





4.0. RESUBMISSION OF TED RECORDS

Resubmission applies to initial and adjustment TED Records which have failed to pass the TMA editing system. Records which fail validity edits will be rejected and returned to the contractor for correction and resubmission. Records which fail relational edits will be provisionally accepted and returned to the contractor for correction and resubmitted under a new voucher/batch, with the exception of header relational edits, they will be rejected and returned to the contractor for correction and resubmission. All returned records which fail the validity edits within a voucher must be returned by the contractor at the same time and balance to the outstanding Total Amount Paid and number of outstanding records at TMA. All returned records which fail the validity edits within a batch must be returned by the contractor at the same time and only balanced to the outstanding number of records. Upon resubmission, the records will again be processed through the TMA editing system. Resubmissions are identified by the RESUBMISSION NUMBER in the Header Record.

- 4.1. Resubmissions must be reported using the TED INDICATOR reported on the initial or adjustment TED Record, regardless of the number of times the TED Record is resubmitted.
- 4.2. All data as reported on the initial or adjustment TED Record must be resubmitted except for that data changed in order to correct the error(s).
- **4.3**. If the rejected TED Record is TYPE OF SUBMISSION = I, report the correction TED Record with TYPE OF SUBMISSION = R (resubmission). All other TED Record TYPE OF SUBMISSION codes retain their original code throughout the resubmission process.
- 4.4. To liquidate or "clear" a voucher, both TOTAL AMOUNT PAID and the number of outstanding TED Records must zero out. When a TED Record passes editing, the TOTAL NUMBER OF RECORDS and the TOTAL AMOUNT PAID submitted on the original voucher are decremented. A voucher "clears" when both totals reach zero.
- 4.5. To liquidate or "clear" a batch, the number of outstanding TED Records must zero out through the edit error correction and resubmission process.
- 4.6. If TMA edits identify that the dollar amounts on the voucher are incorrect, the contractor must correct the related monetary data to balance to the AMOUNT PAID BY GOVERNMENT CONTRACTOR reported on the TED Record. **Do not change the AMOUNT PAID BY THE GOVERNMENT CONTRACTOR**. Correction of the payment error will be reflected through your processing and subsequent submission of the adjustment/cancellation TED Record.

5.0. INTERIM INSTITUTIONAL PAYMENTS

In certain cases, providers can submit interim bills for institutional claims. All TED Records for interim (interim or final) institutional bills must be submitted as an adjustment using the same ICN as the initial submission.

6.0. PROCESS FOR REPORTING RESOURCE SHARING AND CAPITATED TREATMENT ENCOUNTERS TO TMA

The following process is to be used by claims processors to submit data to TMA which relates to Resource Sharing or Capitated Treatment Encounters.

6.1. SPECIAL PROCESSING CODE

For Resource Sharing and/or Capitated claims/encounters, submit a TED Record which includes the appropriate SPECIAL PROCESSING CODE, as defined in Chapter 1, Section 2, for each patient encounter.

6.2. "Amount" Field Reporting

The "amount" fields must contain the following:

6.2.1. AMOUNT BILLED/AMOUNT BILLED BY PROCEDURE CODE

The AMOUNT BILLED/AMOUNT BILLED BY PROCEDURE CODE fields shall be the amount (institutional or noninstitutional charges) that the capitated provider would charge a patient on a capitated basis. If a Resource Sharing provider is being reimbursed on a fee-for-service basis with negotiated/discounted rates, report these amounts.

6.2.2. AMOUNT ALLOWED/AMOUNT ALLOWED BY PROCEDURE CODE

The AMOUNT ALLOWED/AMOUNT ALLOWED BY PROCEDURE CODE fields must contain the appropriate DRG or per diem for institutional services, the CHAMPUS Maximum Allowable Charge (CMAC) for noninstitutional services, or negotiated/discounted rates for both institutional and noninstitutional services.

6.2.3. AMOUNT PAID BY GOVERNMENT CONTRACTOR

The AMOUNT PAID BY GOVERNMENT CONTRACTOR field must equal the "lesser" of the amount allowed minus (PATIENT COST-SHARE plus AMOUNT APPLIED TOWARD DEDUCTIBLE) or AMOUNT ALLOWED minus amount of OHI. If the "Lesser" computed amount is negative, AMOUNT PAID BY GOVERNMENT CONTRACTOR must = \$0.00.

7.0. PROCESS FOR REPORTING BLOOD CLOTTING FACTOR DATA TO TMA

The following process is to be used by claims processors to report claim-related data to TMA which contain charges for blood clotting factor.

7.1. Blood Clotting Factor

Data is to be reported on the Institutional TED Record, even though they are to be reimbursed separately from the DRG methodology.











7.2. Calculation of Charge

Charges will be calculated in a two-step process, as described below.

7.2.1. First Step

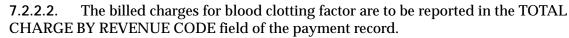
The DRG-reimbursable hospital charges will be calculated in the normal way. All related financial data will be stored for later use (see below).

7.2.2. Second Step

The blood clotting factor financial data will be calculated based on the reimbursement methodology described in the Policy Manual. All related financial data will be stored for later use. Revenue Code 636 (Drugs Requiring Detailed Coding) is to be reported for blood clotting factor only. All other drugs are to be reported using the appropriate Revenue Codes in the 25X series.



7.2.2.1. The number to be coded in the UNITS OF SERVICE field is the number of units billed on the claim, not the number of payment units (which is 100 times the number of units billed).





Note: While blood clotting factor charges will be priced separately, the DENIAL REASON CODE cannot be 'F' (DRG non-reimbursables).





From the two steps above, merge the financial data as follows, and enter them into the appropriate cost fields:





This is the sum of all billed charges **including** those for blood clotting factor.

7.2.3.2. Amount Allowed

This is the sum of the two separate amounts allowed resulting from the calculations in step 2 above.

7.2.3.3. Amount of Other Health Insurance

This is the amount paid by other primary sources of reimbursement, if applicable.

7.2.3.4. Patient Cost-Share

Enter in the appropriate field based on the Category of Beneficiary:

7.2.3.4.1. Patient Cost-Share (For Other Than Family Members of Active Duty)

This is the amount based on either 25% of the billed charges (including those for blood clotting factor) or the per diem amount times the number of days in the hospital stay.

7.2.3.4.2. Patient Cost-Share (For Family Members of Active Duty)

This is the amount based on the inpatient hospital daily rate times the number of days in the hospital stay.

7.2.3.5. Amount Paid By Government Contractor

This is the sum of the two separate amounts resulting from the calculations in step $2\ above.$



DATA REPORTING - PROVIDER FILE RECORD SUBMISSION

1.0. **GENERAL**

1.1. Contractor Submission of Health Care Provider Records (HCPR) Requirements

1.1.1. **Electronic Media Submission**

Contractors are required to submit HCPR Records via electronic media to TMA for each provider who rendered care to TRICARE beneficiaries.



1.1.2. **Record Content**

1.1.2.1. Required Information for each Health Care Practitioner



1.1.2.1.1. A Unique Provider ID Number (PROVIDER TAXPAYER NUMBER)



1.1.2.1.5.

Name



1.1.2.1.3. Address



1.1.2.1.4. **Medical Specialty**



1.1.2.1.6. The provider must be authorized to provide care and be present on the

Provider File at TMA to provide care on the date of service reported on the TED Record.



1.1.3. **Denied Services and Complete Cancellation**

Authorization Period

Services will be excluded from the date of service check. (Refer to Chapter 1, 1.1.3.1. Section 2, for element descriptions and record layouts for the provider and the corresponding batch header records.)

1.2. **Accountability for HCPRs**

The contractor having contractual authority for provider certification in a given region has accountability for the HCPRs for providers in that region and is responsible for ensuring these HCPRs pass the TMA edits and for performing all maintenance transactions. This responsibility extends to those HCPRS submitted in support of the claims processing by another contractor with the exception of pharmacy HCPRs which can be submitted by an contractor.

1.3. Data Submission

- **1.3.1.** The data must be submitted according to the procedures presented in the Teleprocessing Requirements section of this chapter.
- **1.3.2.** The contractor must provide a separate record for each provider who renders care to a TRICARE beneficiary.
- 1.3.3. For non-institutional providers, multiple records will be required when more than one provider is billing under the same TAXPAYER IDENTIFICATION NUMBER (e.g., clinics). In this case, the PROVIDER ZIP CODE and PROVIDER SUBIDENTIFIER must be used to identify unique providers. Refer to these elements for further instructions.

1.4. Institutional Providers that are Part of a Multi-Hospital Chain

- 1.4.1. Providers must be identified within the Taxpayer Identification Number (TIN) by the zip code.
- 1.4.2. In addition, multiple records will be required for institutional providers with both DRG-exempt and DRG-non-exempt units under the same TIN.
- 1.4.3. These are to be identified by the PROVIDER SPECIALTY/TYPE OF INSTITUTION. Only one (1) DRG-non-exempt TYPE OF INSTITUTION will be allowed per TIN and zip code, while multiple DRG-exempt types of facility will be allowed.
- 1.4.4. No duplicates within the TIN, PROVIDER ZIP CODE, and PROVIDER SPECIALITY/TYPE OF INSTITUTION will be allowed.

1.5. Institution Provides Outpatient Care

- 1.5.1. Additional provider records must be reported to TMA.
- 1.5.2. For outpatient services (e.g., ambulatory surgery in hospital, emergency room, hospital services), submit a provider record with PROVIDER SPECIALTY/TYPE OF INSTITUTION = 99 and INSTITUTIONAL OR NON-INSTITUTIONAL INDICATOR = N.
- 1.5.3. If the institution has a clinic associated with it, additional provider records must be reported to TMA using the PROVIDER SUBIDENTIFIER in the same manner as a stand alone clinic.

2.0. PROVIDER FILE RECORD MAINTENANCE

The Provider File is a dynamic file where records can be added, modified, or inactivated when a change is required.

2.1. File Submission

2.1.1. The contractor must submit transactions indicating the type of change and updated information.











- 2.1.2. Transactions will be submitted on an as needed basis.
- 2.1.3. Each group of transaction records must be preceded by a batch header record that identifies the subsequent records as provider transaction records. (Refer to data element Provider Subidentifier for examples of reporting clinics.)

2.2. Add Transactions

- **2.2.1.** The TRANSACTION CODE must be 'A'.
- **2.2.2.** All required data elements must be included.
- 2.2.3. An ADD cannot be made for institutional providers if the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, and PROVIDER SPECIALITY/TYPE OF INSTITUTION are already on file.
- 2.2.4. An ADD for non-institutional providers cannot be made if the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE and PROVIDER SUBIDENTIFIER are already on file.
- 2.2.5. An ADD can be used to reactivate a provider key that has been inactivated.
- 2.3. Modify Transactions
- **2.3.1.** The TRANSACTION CODE must be 'M'.
- 2.3.2. All required data elements must be included.
- **2.3.3**. The MODIFY is used to make changes to an existing provider record, such as a termination of authorization or reauthorization.
- **2.3.4.** A MODIFY will replace the previous record with a new record. Records being replaced will be held in history.
- 2.3.5. Multiple periods of authorization will automatically be stored on the TMA master provider file.
- **2.3.6.** For institutional providers, a MODIFY will not be accepted if the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, and TYPE OF INSTITUTION are not already on the file.
- **2.3.7.** PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE and PROVIDER SUBIDENTIFIER must be on the file for a non-institutional provider MODIFY transaction.
- 2.4. Inactivate Transactions
- **2.4.1.** The TRANSACTION CODE must be 'I'.









2.4.2. The PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, PROVIDER STATE OR COUNTRY CODE, and PROVIDER ZIP CODE must be coded. These four data elements must match the same fields on the record at TMA to be inactivated.

2.4.3. Institutional Providers

The INACTIVATE process is to be used when there is an error on the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE or TYPE OF INSTITUTION data elements.

2.4.4. Non-Institutional Providers

- 2.4.4.1. The INACTIVATE process is used when there is an error on either the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE or the PROVIDER SUBIDENTIFIER data elements.
- **2.4.4.2.** To correct an error on these data elements, the incorrect record must be inactivated and the correct record added using two separate transactions.
- 2.4.4.3. When correcting an error on these data elements for a clinic, all provider records associated with the clinic must also be inactivated. This process also applies when replacing a record containing a contractor Assigned Provider Number (APN) with a record containing the actual Provider Taxpayer Number.
- **2.4.4.4.** An inactive transaction can also be used to retroactively update the provider record (e.g. the RECORD EFFECTIVE DATE needed is prior to the previous RECORD EFFECTIVE DATE for the provider).









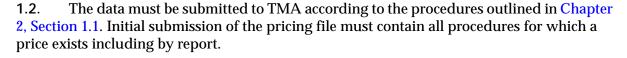
DATA REPORTING - PRICING FILE RECORD SUBMISSION

1.0. GENERAL

1.1. Contractors are required to submit TRICARE Encounter Pricing Records (TEPR) via electronic media to TRICARE Management Activity (TMA). Contractors are required to report applicable pricing data for all medical procedure codes for which a prevailing fee, by report or a conversion amount, has been developed. This must be done for each state in the contractor's region. This does not apply to unique network pricing arrangements or dental (ADA) procedures. Contractors shall not submit national prevailings on pricing file updates to TMA. The records contain required information for each procedure code including the state of care, an element identifying the type of procedure code, and detailed pricing information. Separate pricing records are submitted for area prevailing, by report, or conversion data. These data will be used by TMA to verify amounts paid on TED Records. (Refer to Chapter 2, Section 2 for element descriptions and record layouts for the pricing and corresponding batch header record).









2.0. PRICING FILE REPORTING REQUIREMENTS

Pricing records must be reported for logical data relationships. The following rules are to be used in building the Pricing File for reporting to TMA.



- 2.1. The 'key' to the Pricing File consists of PRICING STATE OR COUNTRY CODE, PROCEDURE CODE, CLASS OF PROVIDER, TYPE OF PRICING SERVICE, CATEGORY OF CARE FOR CONVERSION FACTOR, and PRICING PROFILE. No duplicates are allowed within this key.
- **2.2.** Within each PRICING STATE OR COUNTRY CODE, and PRICING PROFILE, the following are the logical relationships for area prevailing records, including Medicare Economic Index (MEI) where applied:

LOGICAL RELATIONSHIPS FOR AREA PREVAILING RECORDS

PROCEDURE CODE RANGE	Surgery	RADIOLOGY	PATHOLOGY	PSYCHIATRY	ALL OTHERS
Class of Provider	01,04	01,04	01,04	01,02,03	01,04
Type of Pricing Svc.	04,09	01,02,05	01,02,05	07,08	03

Note: CATEGORY OF CARE FOR CONVERSION FACTOR must be blank on all area prevailing pricing records and CONVERSION AMOUNT must be zeros.

2.3. Within each PRICING STATE OR COUNTRY CODE, and PRICING PROFILE, the following are the logical relationships for conversion pricing records, including MEI, where applied:

LOGICAL RELATIONSHIPS FOR CONVERSION PRICING RECORDS

PROCEDURE CODE RANGE	Surgery	RADIOLOGY	PATHOLOGY	PSYCHIATRY	ALL OTHERS
Class of Provider	01,04	01,04	01,04	01,02,03	01,04
Type of Pricing Svc.	04,09	01,02,05	01,02,05	03	03
Category of Care for Conversion Factor	S,A,B	R,B	P,B	M,B	M,B

Note: CONVERSION AMOUNT must be zeros on 'By Report' pricing records.

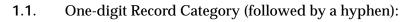
3.0. PRICING FILE RECORD MAINTENANCE

3.1. The contractor's complete pricing file must be submitted on an annual basis (1 January). No pricing records will be accepted at any other time.



DATA REQUIREMENTS - OVERVIEW

1.0. This chapter covers TMA requirements for the presentation of data submitted by the contractor. It specifies the structure of files and records to be sent to TMA for editing and processing. It also gives a complete definition of each data element included in these records. The data element definitions are sequenced within a given record type in alphabetical order by data element name. Data element definition forms, used for consistent presentation of each element, include element characteristics and parameters needed by the contractor for accurate submission of data required by TMA. Every data element is assigned an Element Locator Number (ELN) according to the following structure:



- 0 Batch Header (includes vouchers for ELN assignment)
- 1 Institutional
- 2 Non-Institutional
- 3 Provider
- 4 Pricing

1.2. Three-Digit Element Locator Number For A Given Record Category

- 2.0. Each data element definition identifies all records that contain the element and the error codes generated by the TMA editing system which validates data. To facilitate locating of data element definitions, the chapter includes an alphabetic index of all data elements.
- 3.0. A Batch Header record is to be used as the first record in each batch of Institutional, Non-Institutional, Provider and/or Pricing records. Contractors use Batch Header records for Provider and Pricing records and Batch/Voucher Header records for Institutional and Non-Institutional TED Records.
- 4.0. The Institutional record category is to be used primarily only when there is an inpatient admission to the institution. The Non-Institutional record category is to be used for submission of all other TRICARE Encounter Data Records, including outpatient maternity care rendered in an institution (cost-shared on an inpatient basis). The Provider record category is to be used to submit information for each provider who rendered care to TRICARE beneficiaries. The Pricing record category is to be used to submit information for pricing of non-CMAC procedures performed by providers who rendered care to TRICARE beneficiaries.







- 5.0. A data element "FILLER" has been included in all Logical Record Layouts to provide for future expansion of data elements.
- 6.0. The following editing rules will apply to all data elements unless the Data Element Definition contains different instructions. Validity and relational edits will be applied to all TED Records.
- 6.1. All numeric fields (including monetary fields) must be right-justified and zero-filled. Non-numeric values are not permitted. All numeric fields which do not contain data must be completely zero-filled. Fields identified as signed numeric fields will be processed by TMA as positive values unless the low-order position of the field indicates it contains a negative value. All money fields are signed numeric containing dollars and cents without the decimal point.
- 6.2. All alphabetic fields must be left-justified and blank-filled. A HEX 40 must be used to represent a blank. All alphabetic fields which do not contain data must be completely blank-filled.
- 6.3. All alphanumeric fields must be left-justified and blank-filled. A HEX 40 must be used to represent a blank. All alphanumeric fields which do not contain data must be completely blank-filled.



Data Requirements - Data Element Layout

1.0. BATCH/VOUCHER HEADER DATA ELEMENT

			Position	
ELN	ELEMENT NAME	FORMAT	FROM	THRU
0-001	RECORD TYPE INDICATOR	X	1	1
0-005	CONTRACT IDENTIFIER		2	34
0-010	CONTRACT NUMBER	X(13)	2	14
0-015	BATCH/VOUCHER IDENTIFIER	X	15	15
0-020	BATCH/VOUCHER NUMBER		16	34
0-025	BATCH/VOUCHER ASAP ACCOUNT NUMBER	X(8)	16	23
0-030	BATCH/VOUCHER DATE	YYYYDDD	24	30
0-035	BATCH/VOUCHER SEQUENCE NUMBER	X(2)	31	32
0-040	BATCH/VOUCHER RESUBMISSION NUMBER	X(2)	33	34
0-045	TOTAL NUMBER OF RECORDS	9(7)	35	41
0-050	TOTAL AMOUNT PAID	S9(10)V99	42	53
0-055	INITIAL TRANSMISSION DATE (TMA DERIVED)	YYYYMMDD	54	61
0-060	TMA BATCH/VOUCHER PROCESSING DATE (TMA DERIVED)	YYYYMMDD	62	69
	FILLER	X(10)	70	79

2.0. INSTITUTIONAL DATA ELEMENT

			Posi	TION
ELN	ELEMENT NAME	FORMAT	FROM	THRU
1-001	RECORD TYPE INDICATOR	X	1	1
1-005	TED RECORD INDICATOR		2	25
1-010	INTERNAL CONTROL NUMBER (ICN)		2	18
1-015	FILING DATE	YYYYDDD	2	8
1-020	FILING STATE/COUNTRY CODE	X(3)	9	11
1-025	SEQUENCE NUMBER	X(7)	12	18
1-030	TIME STAMP	X(6)	19	24
1-035	ADJUSTMENT KEY	X	25	25
1-040	DATE TED RECORD PROCESSED TO COMPLETION	YYYYMMDD	26	33
1-045	DATE ADJUSTMENT IDENTIFIED	YYYYMMDD	34	41
1-050	SPONSOR SOCIAL SECURITY NUMBER	X(9)	42	50
1-055	SPONSOR PAY GRADE	X(2)	51	52
1-060	SPONSOR BRANCH OF SERVICE	X	53	53
1-065	SPONSOR STATUS	X	54	54
1-070	PATIENT RELATIONSHIP TO SPONSOR	X(2)	55	56
1-075	PATIENT NAME	X(27)	57	83
1-080	PATIENT SOCIAL SECURITY NUMBER	X(9)	84	92
1-085	PATIENT DATE OF BIRTH	YYYYMMDD	93	100
1-090	DEERS DEPENDENT SUFFIX	X(2)	101	102
1-095	PATIENT IDENTIFIER (RESERVED)	X(13)	103	115
1-100	PATIENT SEX	X	116	116
1-105	PATIENT ZIP CODE	X(9)	117	125
1-110	ENROLLMENT STATUS	X(2)	126	127
1-112	REGION INDICATOR	X(2)	128	129
1-115	PCM LOCATION DMIS-ID CODE	X(4)	130	133
1-120	AMOUNT BILLED (TOTAL)	S9(7)V99	134	142
1-125	AMOUNT ALLOWED (TOTAL)	S9(7)V99	143	151
1-130	AMOUNT PAID BY OTHER HEALTH INSURANCE	S9(7)V99	152	160
1-135	PATIENT COST-SHARE	S9(7)V99	161	169
1-140	AMOUNT PAID BY GOV'T CONTRACTOR (TOTAL)	S9(7)V99	170	178
1-145	INTEREST PAYMENT	S9(7)V99	179	187
1-150	REASON FOR INTEREST PAYMENT	X(2)	188	189
1-155	PROCESSING INFORMATION		190	220
1-160	OVERRIDE CODE	X(6)	190	195

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2.0. INSTITUTIONAL DATA ELEMENT (CONTINUED)

			Posi	TION
ELN	ELEMENT NAME	FORMAT	FROM	THRU
1-165	TYPE OF SUBMISSION	X	196	196
1-170	CA/NAS NUMBER	X(11)	197	207
1-175	CA/NAS REASON FOR ISSUANCE	X	208	208
1-180	CA/NAS EXCEPTION REASON	X(2)	209	210
1-185	SPECIAL PROCESSING CODE	X(8)	211	218
1-190	PRICING RATE CODE	X(2)	219	220
1-195	PROVIDER STATE OR COUNTRY CODE	X(3)	221	223
1-200	PROVIDER TAXPAYER NUMBER	X(9)	224	232
1-205	PROVIDER SUB-IDENTIFIER	X(4)	233	236
1-210	PROVIDER INDIVIDUAL NPI NUMBER (RESERVED)	X(10)	237	246
1-215	PROVIDER GROUP NPI NUMBER (RESERVED)	X(10)	247	256
1-220	PROVIDER ZIP CODE	X(9)	257	265
1-225	PROVIDER PARTICIPATION INDICATOR	X	266	266
1-230	PROVIDER NETWORK STATUS INDICATOR	X	267	267
1-235	TYPE OF INSTITUTION	X(2)	268	269
1-240	CLAIM FORM TYPE/EMC INDICATOR	X	270	270
1-245	TYPE OF BILL		271	272
1-250	FREQUENCY CODE	X	271	271
1-255	TYPE OF ADMISSION	X	272	272
1-260	SOURCE OF ADMISSION	X	273	273
1-265	ADMISSION DATE	YYYYMMDD	274	281
1-270	PATIENT STATUS	X(2)	282	283
1-275	BEGIN DATE OF CARE	YYYYMMDD	284	291
1-280	END DATE OF CARE	YYYYMMDD	292	299
1-285	COVERED DAYS	S9(3)	300	302
1-290	DRG NUMBER	X(3)	303	305
1-295	ADMISSION DIAGNOSIS	X(6)	306	311
1-300	PRINCIPAL TREATMENT DIAGNOSIS	X(6)	312	317
1-305	SECONDARY TREATMENT DIAGNOSIS-1	X(6)	318	323
1-310	SECONDARY TREATMENT DIAGNOSIS-2	X(6)	324	329
1-315	SECONDARY TREATMENT DIAGNOSIS-3	X(6)	330	335
1-320	SECONDARY TREATMENT DIAGNOSIS-4	X(6)	336	341
1-325	SECONDARY TREATMENT DIAGNOSIS-5	X(6)	342	347
1-330	SECONDARY TREATMENT DIAGNOSIS-6	X(6)	348	353

2.0. INSTITUTIONAL DATA ELEMENT (CONTINUED)

			Posi	TION
ELN	Element Name	FORMAT	From	THRU
1-335	SECONDARY TREATMENT DIAGNOSIS-7	X(6)	354	359
1-340	SECONDARY TREATMENT DIAGNOSIS-8	X(6)	360	365
1-345	PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE	X(5)	366	370
1-350	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-1	X(5)	371	375
1-355	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-2	X(5)	376	380
1-360	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-3	X(5)	381	385
1-365	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-4	X(5)	386	390
1-370	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE-5	X(5)	391	395
	FILLER	X(20)	396	415
1-375	TOTAL OCCURRENCE/LINE ITEM NUMBER (OCCURS 1 TO 999 TIMES)	9(3)	416	418
1-380	OCCURRENCE/LINE ITEM NUMBER	9(3)	419	421
1-385	REVENUE CODE	X(4)	422	425
1-390	UNITS OF SERVICE BY REVENUE CODE	S9(7)	426	432
1-395	TOTAL CHARGE BY REVENUE CODE	S9(7)V99	433	441
1-400	DENIAL REASON CODE	X(2)	442	443
	FILLER	X(20)	444	463

3.0. NON-INSTITUTIONAL DATA ELEMENT

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			Position	
ELN	ELEMENT NAME	FORMAT	FROM	THRU
2-001	RECORD TYPE INDICATOR	X	1	1
2-005	TED RECORD INDICATOR		2	25
2-010	INTERNAL CONTROL NUMBER (ICN)		2	18
2-015	FILING DATE	YYYYDDD	2	8
2-020	FILING STATE/COUNTRY CODE	X(3)	9	11
2-025	SEQUENCE NUMBER	X(7)	12	18
2-030	TIME STAMP	X(6)	19	24
2-035	ADJUSTMENT KEY	X	25	25
2-040	DATE TED RECORD PROCESSED TO COMPLETION	YYYYMMDD	26	33
2-045	DATE ADJUSTMENT IDENTIFIED	YYYYMMDD	34	41
2-050	SPONSOR SOCIAL SECURITY NUMBER	X(9)	42	50
2-055	SPONSOR BRANCH OF SERVICE	X	51	51
2-060	PATIENT NAME	X(27)	52	78
2-065	PATIENT SOCIAL SECURITY NUMBER	X(9)	79	87
2-070	PATIENT DATE OF BIRTH	YYYYMMDD	88	95
2-075	DEERS DEPENDENT SUFFIX	X(2)	96	97
2-080	PATIENT IDENTIFIER (RESERVED)	X(13)	98	110
2-085	PATIENT SEX	X	111	111
2-090	PATIENT ZIP CODE	X(9)	112	120
2-095	OVERRIDE CODE	X(6)	121	126
2-100	TYPE OF SUBMISSION	X	127	127
2-105	CLAIM FORM TYPE/EMC INDICATOR	X	128	128
2-110	PCM LOCATION DMIS-ID CODE	X(4)	129	132
2-115	PRINCIPAL TREATMENT DIAGNOSIS	X(6)	133	138
2-120	SECONDARY TREATMENT DIAGNOSIS-1	X(6)	139	144
2-125	SECONDARY TREATMENT DIAGNOSIS-2	X(6)	145	150
2-130	SECONDARY TREATMENT DIAGNOSIS-3	X(6)	151	156
2-135	SECONDARY TREATMENT DIAGNOSIS-4	X(6)	157	162
	FILLER	X(10)	163	172
2-140	TOTAL OCCURRENCE/LINE ITEM NUMBER (OCCURS 1 TO 99 TIMES)	9(3)	173	175
2-145	OCCURRENCE/LINE ITEM NUMBER	9(3)	176	178
2-150	BEGIN DATE OF CARE	YYYYMMDD	179	186
2-155	END DATE OF CARE	YYYYMMDD	187	194
2-160	PROCEDURE CODE	X(5)	195	199

3.0. NON-INSTITUTIONAL DATA ELEMENT (CONTINUED)

			Posi	TION
ELN	ELEMENT NAME	FORMAT	FROM	THRU
2-165	PROCEDURE CODE MODIFIER	X(4)	200	203
2-170	NATIONAL DRUG CODE	X(11)	204	214
2-175	NUMBER OF SERVICES	S9(2)	215	216
2-180	AMOUNT BILLED BY PROCEDURE CODE	S9(7)V99	217	225
2-185	AMOUNT ALLOWED BY PROCEDURE CODE	S9(7)V99	226	234
2-190	AMOUNT PAID BY OTHER HEALTH INSURANCE	S9(7)V99	235	243
2-195	AMOUNT APPLIED TOWARD DEDUCTIBLE	S9(3)V99	244	248
2-200	PATIENT COST-SHARE	S9(7)V99	249	257
2-205	AMOUNT PAID BY GOV'T CONTRACTOR BY PROCEDURE CODE	S9(7)V99	258	266
2-210	INTEREST PAYMENT	S9(7)V99	267	275
2-215	REASON FOR INTEREST PAYMENT	X(2)	276	277
2-220	DENIAL REASON CODE	X(2)	278	279
2-225	PROVIDER INDIVIDUAL NPI NUMBER (RESERVED)	X(10)	280	289
2-230	PROVIDER GROUP NPI NUMBER (RESERVED)	X(10)	290	299
2-235	PROVIDER STATE OR COUNTRY CODE	X(3)	300	302
2-240	PROVIDER TAXPAYER NUMBER	X(9)	303	311
2-245	PROVIDER SUB-IDENTIFIER	X(4)	312	315
2-250	PROVIDER ZIP CODE	X(9)	316	324
2-255	PROVIDER SPECIALTY	X(10)	325	334
2-260	PROVIDER PARTICIPATION INDICATOR	X	335	335
2-265	PROVIDER NETWORK STATUS INDICATOR	X	336	336
2-270	PHYSICIAN REFERRAL NUMBER	X(13)	337	349
2-275	PLACE OF SERVICE	X(2)	350	351
2-280	TYPE OF SERVICE	X(2)	352	353
2-285	SPONSOR STATUS	X	354	354
2-290	SPONSOR PAY GRADE	X(2)	355	356
2-295	PATIENT RELATIONSHIP TO SPONSOR	X(2)	357	358
2-300	ENROLLMENT STATUS	X(2)	359	360
2-303	REGION INDICATOR	X(2)	361	362
2-305	SPECIAL PROCESSING CODE	X(8)	363	370
2-310	CA/NAS NUMBER	X(11)	371	381
2-315	CA/NAS REASON FOR ISSUANCE	X	382	382
2-320	CA/NAS EXCEPTION REASON	X(2)	383	384
2-325	PRICING RATE CODE	X(2)	385	386

3.0. NON-INSTITUTIONAL DATA ELEMENT (CONTINUED)

			Position	ON
ELN	ELEMENT NAME	FORMAT	FROM	THRU
	FILLER	X(20)	387	406

4.0. PROVIDER FILE RECORD

			Posi	TION
ELN	ELEMENT NAME	FORMAT	FROM	THRU
3-001	RECORD TYPE INDICATOR	X	1	1
3-005	PROVIDER TAXPAYER NUMBER	X(9)	2	10
3-010	PROVIDER SUB-IDENTIFIER	X(4)	11	14
3-015	PROVIDER TAXPAYER NUMBER IDENTIFIER	X	15	15
3-020	CONTRACTOR NUMBER	X(2)	16	17
3-025	PROVIDER CONTRACT AFFILIATION CODE	X	18	18
3-030	INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR	X	19	19
3-035	PROVIDER NAME	X(40)	20	59
3-040	PROVIDER ADDRESS		60	119
3-045	PROVIDER STREET ADDRESS	X(30)	60	89
3-050	PROVIDER CITY	X(18)	90	107
3-055	PROVIDER STATE OR COUNTRY CODE	X(3)	108	110
3-060	PROVIDER ZIP CODE	X(9)	111	119
3-065	PROVIDER BILLING ADDRESS		120	179
3-070	PROVIDER BILLING STREET ADDRESS	X(30)	120	149
3-075	PROVIDER BILLING CITY	X(18)	150	167
3-080	PROVIDER BILLING STATE OR COUNTRY CODE	X(3)	168	170
3-085	PROVIDER BILLING ZIP CODE	X(9)	171	179
3-090	PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION	X(10)	180	189
3-095	TYPE OF INSTITUTION CODE	X	190	190
3-100	AMERICAN HOSPITAL ASSOCIATION ID NUMBER	X(9)	191	199
3-105	AHA MULTI-HOSPITAL SYSTEM CODE	X(4)	200	203
3-110	MEDICARE NUMBER	X(8)	204	211
3-115	PROVIDER ACCEPTANCE DATE	YYYYMMDD	212	219
3-120	PROVIDER TERMINATION DATE	YYYYMMDD	220	227
3-125	RURAL/URBAN INDICATOR	X	228	228
3-130	IDME RATIO	S9(4)V9	229	233
3-135	IDME RATIO EFFECTIVE DATE	YYYYMMDD	234	241
3-140	AREA WAGE INDEX	S9(4)V9	242	246
3-145	AREA WAGE INDEX EFFECTIVE DATE	YYYYMMDD	247	254
3-150	DRG EXEMPT/NONEXEMPT INDICATOR	X	255	255
3-155	DRG EXEMPT/NONEXEMPT EFFECTIVE DATE	YYYYMMDD	256	263
3-160	TRANSACTION CODE	X	264	264
3-165	RECORD EFFECTIVE DATE	YYYYMMDD	265	272

4.0. PROVIDER FILE RECORD

			Position	
ELN	ELEMENT NAME	FORMAT	FROM	THRU
	FILLER	X(17)	273	289

5.0. PRICING DATA RECORD

			Position	
ELN	ELEMENT NAME	FORMAT	FROM	THRU
4-001	RECORD TYPE INDICATOR	X	1	1
4-005	PRICING STATE OR COUNTRY CODE	X(3)	2	4
4-010	PROCEDURE CODE	X(5)	5	9
4-015	CLASS OF PROVIDER	X(2)	10	11
4-020	TYPE OF PRICING SERVICE	X(2)	12	13
4-025	PREVAILING FEE	S9(5)V99	14	20
4-030	CONVERSION AMOUNT	S9(5)V99	21	27
4-035	CATEGORY OF CARE FOR CONVERSION FACTOR	X	28	28
4-040	MEDICARE ECONOMIC INDEX PRICE	S9(5)V99	29	35
4-045	PRICING PROFILE	X(2)	36	37
4-050	PRICING EFFECTIVE DATE	YYYYMMDD	38	45
	FILLER	X(9)	46	54

6.0. TRANSMISSION RECORDS

- 6.1. The requirement for all electronic transmissions will incorporate the HIPAA mandated standards wherever feasible. These standards are being reviewed and will be incorporated in a future version.
- **6.2**. The first record in each transmission to TMA, whether by teleprocessing or magnetic tape, will be a transmission header, using the following format. Where value is specified under comments, the value must be reported exactly as shown.



Position(s)	DESCRIPTION	CONTENT	COMMENT
1-8	Alpha	Data Type	Must be "TED Data"
9-10	**	Delimiter	Must be **
11-22	Alphanumeric	File Name	Must be named in accordance with Chapter 2, Section 1.1, paragraph 4.1.
23-24	**	Delimiter	Must be **
25-29	Alpha		Must be "FSIZE"
30-Variable	Numeric	File Size	Includes the total number of batch/voucher header records, provider, pricing and TED records (variable length). Includes transmission header, excludes transmission trailer.







TRANSMISSION HEADER AND TRAILER RECORD FORMAT (CONTINUED)

Position(s)	DESCRIPTION	CONTENT	COMMENT
Variable (2 positions)	**	Delimiter	Must be **
Variable (6 positions)	Alpha	Record Type	Must be "RTYPEV"
Variable (2 positions)	**	Delimiter	Must be **
Variable (7 positions)	Alpha		Must be "MAXRLEN"
Variable	Numeric	Maximum Record Length	Length of the longest variable length record within the transmission. Must be > 0
Variable (2 positions)	**	Delimiter	Must be **
Variable- 80	Blank	Reserved	Must be HEX 40

6.3. Appended to the end of each transmission to TMA, whether by teleprocessing or magnetic tape, will be a transmission trailer record. The format for the transmission trailer record follows:

TRANSMISSION HEADER AND TRAILER RECORD FORMAT

Position(s)	DESCRIPTION	CONTENT	COMMENT
1	Alpha	Record ID	Must be "@" sign
2-3	Alphanumeric	Contractor Number	TMA-assigned Contractor number
4-10	Alphanumeric	Transmission Date	Enter in YYYYDDD format
11-14	Numeric	Batch Count	Number of batches and/or vouchers in the transmission
15-20	Numeric	Record Count	Includes the total number of batch/voucher header records, provider, pricing and variable length TED records. Excludes transmission header and transmission trailer
21-81	Blank	Reserved	Must be HEX 40

7.0. PRINT/REPORT TRANSMISSIONS

7.1. All errors in TED Records detected by the TMA editing system will be reported to the contractor in 133-byte record print image format. Except for special situations, these records will be teleprocessed to the contractor the day following processing. The format of the error records returned to the contractor will be:

ERROR RECORDS RETURNED FORMAT

DESCRIPTION	Position	
	FROM	Thru
Number of errors on this TED record	1	3
TED data as submitted	4	Variable
Error code number (occurs 1 to 500 times based on number of errors above)	Variable	Variable

The format of the error code number is 9 characters:

ERROR CODE FORMAT

DESCRIPTION	Position
ELN (Element Locator Number)	1 to 4
Sequenced number of error within ELN	5 to 6
Relational edit indicator if applicable	7 to 7
Line item from TED Record if applicable	8 to 9



Chapter 2
Section 2.3

DATA REQUIREMENTS - HEADER RECORD DATA

DATA ELEMENT DEFINITION

ELEMENT NAME: BATCH/VOUCHER AS	SAP ACCOUNT NU	MBER			
Reco	ORDS/LOCATOR NU	MBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Header	0-025	1	Yes ¹		
PRIMARY PICTURE (FORMAT)	PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters.				
DEFINITION This field is used to identify the ASAP Account ² Number the voucher will be drawn from. Each yea when new not-at-risk bank account(s) are setup by the contractor (per OPM Chapter 3, Section 2.), TM will assign an 8 digit ASAP Account Number to draw funds from as checks clear the not-at-risk ban account(s).			rom. Each year s) are setup by Section 2.), TMA Number to		
CODE/VALUE SPECIFICATIONS	N/A				
ALGORITHM	N/A				
SUBORDINATE AND/OR GROUP ELEMENTS					
Subordinate		Gro	UP		
N/A		VOUCHER	NUMBER		

NOTES AND SPECIAL INSTRUCTIONS:

Zero fill except Institutional and Non-Institutional not-at-risk TED Records.

² Contractor must have "opened" an ASAP Account with TMA, CRM per OPM Chapter 3, Section 2.

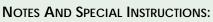
Reco	ORDS/LOCATOR NU	JMBERS	
RECORD NAME	LOCATOR#	Occurrences	REQUIRED
Header	0-030	1	Yes
PRIMARY PICTURE (FORMAT)	Seven (7) alpha	numeric characters, Y	YYYDDD.
DEFINITION	for transmission	ctor first created the b n to TMA. This date w ubmission process.	
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ar
	DDD	3 digit Julian date	
ALGORITHM	N/A		
SUBORDIN	ate A nd/ O r G ro	UP ELEMENTS	
Subordinate		Gro	UP
N/A		BATCH/VOUCH	HER NUMBER

ELEMENT NAME:	BATCH/VOUCH	IER IDENTIFIER
---------------	-------------	----------------

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Header	0-015	1	Yes
PRIMARY PICTURE (FORMAT)	One (1) alphanu	ımeric character.	
DEFINITION	Identifies the ty voucher.	pe of records submitt	ed in the batch/
CODE/VALUE SPECIFICATIONS	3	Provider (Batch O	nly)
	4	Pricing (Batch Onl	y)
	5	Institutional/Non (Batch/Voucher)	-Institutional
ALGORITHM	N/A		
Subordin	ATE AND/OR GRO	UP ELEMENTS	
SUBORDINATE		GRO	IID

Subordinate	GROUP
N/A	CONTRACT IDENTIFIER



N/A







ELEMENT NAME:	BATCH/VO	UCHER	NUMBER
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RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Header	0-020	1	Yes
PRIMARY PICTURE (FORMAT)	Group		
DEFINITION	Field containing identify the batc	multiple elements thh/voucher.	nat uniquely
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
Subordin	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	UP
BATCH/VOUCHER DATE BATCH/VOUCHER SEQUENC BATCH/VOUCHER RESUBMIS		CONTRACT	DENTIFIER

NOTES AND SPECIAL INSTRUCTIONS:

N/A

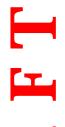


ELEMENT NAME:	RATCH/VOLICHER	RESUBMISSION NUMBER
LLLIVILINI INAVIVIL.	DAICH VOUCHER	INESUBIVIISSICIN INUIVIBEN

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Header	0-040	1	Yes	
PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.			
DEFINITION	Identifies the number of submissions for the batch/voucher.			
CODE/VALUE SPECIFICATIONS	N/A			
ALGORITHM	Set initial submission batch/voucher to 00 and increment by one (1) with each resubmission of rejected TED Records. Do not increment if resubmitting a batch/voucher that failed batch/voucher header edits.			
SUBORDIN	SUBORDINATE AND/OR GROUP ELEMENTS			
Subordinate		Gro	OUP	
N/A		BATCH/VOUCI	HER NUMBER	









ELEMENT NAME: BATCH/VOUCHER SE	QUENCE NUMBER		
Reco	ORDS/LOCATOR NU	MBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Header	0-035	1	Yes
Primary Picture (Format)	Two (2) alphanu	ımeric characters.	
DEFINITION	uniquely identified the number rem	mber assigned by the fy the batch/voucher ains with the batch/v ocess if applicable.	Once assigned,
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	one (1) for each	nce number to 01 and subsequent batch/vo use" sequence numb ier.	oucher for that
Subordina	ATE AND/OR GRO	JP ELEMENTS	
Subordinate		Gro	UP
N/A		BATCH/VOUCE	HER NUMBER
Notes And Special Instructions: N/A			

RECORDS/LOCATOR NUMBERS

RECORDS/LOCATOR INUIVIBERS				
RECORD NAME	LOCATOR#	OCCURRENCES	Required	
Header	0-005	1	Yes	
PRIMARY PICTURE (FORMAT)	Group			
DEFINITION		multiple elements th cch/voucher of record		
CODE/VALUE SPECIFICATIONS	N/A			
ALGORITHM	N/A			
Subordin	ATE AND/OR GROU	IP ELEMENTS		
Subordinate		Gro	UP	
CONTRACT NUMBER BATCH/VOUCHER IDENTIFIE BATCH/VOUCHER NUMBER	ER	N/.	A	

NOTES AND SPECIAL INSTRUCTIONS:

N/A



ELEMENT NAME:	CONTRACT NUMBER	

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Header	0-010	1	Yes
PRIMARY PICTURE (FORMAT)	Thirteen (13) alphanumeric characters.		
DEFINITION	The unique 13 d contract.	igit contract number	assigned to a
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
Subordin	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	UP
N/A		CONTRACT I	DENTIFIER
NOTES AND SPECIAL INSTRUCTIONS:			





GROUP

N/A

DATA ELEMENT DEFINITION

ELEMENT NAME:	Ινιιτιαι	TRANSMISSION	DATE	(TMA DERIVED)	۱
LLEIVIEINI INAIVIE.	IIVIIIAL	IKANSIVIISSION	DAIL	CHINIA DERIVED	,

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCA	OR#	OCCURRENCES	REQUIRED
Header	0-0	55	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Eight (8)	numeri	c characters, YYYYM	IMDD.
DEFINITION	The Initial Transmission Date will be the date the contractor transmitted the voucher to TMA.			
	1. Voucher: Once submission 00 has cleared, the Initial Transmission Received date cannot change, since this will be the date that TMA obligates the not-at-risk money and the date that will appear on the checks being issued to the providers/beneficiaries.			
	2. Batch	ı: This f	ield will be zero fille	d.
CODE/VALUE SPECIFICATIONS	YYY	ΥY	4 digit calendar ye	ar
	MN	Л	2 digit calendar m	onth
	DI)	2 digit calendar da	ny .
ALGORITHM	N/A			
Subordin	ate A nd/C	R GROL	IP ELEMENTS	
			<u></u>	

N/A

SUBORDINATE

NOTES AND SPECIAL INSTRUCTIONS:

1 Contractor must leave this field blank. Data will be populated and maintained by TMA.



RECO	ORDS/LOCATOR NU	JMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Header 0-001 1 Ye					
PRIMARY PICTURE (FORMAT)	PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.				
DEFINITION Code to indicate whether the record is a batch/voucher header or voucher header.					
CODE/VALUE SPECIFICATIONS	S 0 Batch Header (used on all Provider and Pricing batches, a for Institutional/Non-Institutional-risk TED Records).				
	5	Voucher Header (u Institutional/Non not-at-risk TED Re	-Institutional		
A LGORITHM	N/A				
Subordin	ate And/Or Gro	UP ELEMENTS			
Subordinate		Gro	UP		
N/A		N/.	Δ		

ELEMENT NAME: TMA BATCH/VOUCHER PROCESSING DATE (TMA DERIVED)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Header	0-060	1	No ¹
PRIMARY PICTURE (FORMAT)	Eight (8) numeric characters, YYYYMMDD.		
DEFINITION	The date the bat	tch/voucher was pro	cessed by TMA.
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ar
	MM	2 digit calendar m	onth
	DD	2 digit calendar da	y
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GROU	UP ELEMENTS	
Subordinate		Gro	UP
N/A		N/.	A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Contractor must leave this field blank. Data will be populated by TMA.

F	N I	T /	N	D
ELEMENT	NI		TMUOM#	חואש
LLCIVICINI	INAIVIE.	IUIAL A		T AID

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Header	0-050	1	Yes ¹		
PRIMARY PICTURE (FORMAT)	Twelve (12) signed numeric digits including two (2) decimal places.				
DEFINITION	This field contains the total benefit dollars paid by the contractor and the interest paid for the TED Records contained in either the batch or voucher.				
CODE/VALUE SPECIFICATIONS	N/A				
ALGORITHM	N/A				
SUBORDINA	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP		
N/A		N/	A		



NOTES AND SPECIAL INSTRUCTIONS:

1 Must be zero filled for Provider and Pricing file batch header records.



ELEMENT	MAME.	ΤΩΤΔΙ	NUMBER	OF	RECORDS
LLLIVILIVI	INCHIVIL.	IOIAL	INCIVIDED	\mathbf{v}	NECONDS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Header	0-045	1	Yes	
PRIMARY PICTURE (FORMAT)	Seven (7) numeric digits.			
DEFINITION	Total number of records submitted in the batch or voucher, exclusive of the header and trailer records. (Refer to Chapter 2, Section 2.2.)			
CODE/VALUE SPECIFICATIONS	N/A			
ALGORITHM	N/A			
SUBORDINA	SUBORDINATE AND/OR GROUP ELEMENTS			
Subordinate		Gro	DUP	
N/A		N/	A	

NOTES AND SPECIAL INSTRUCTIONS:

N/A



Chapter 2 Section 2.4

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (A - D)

DATA ELEMENT DEFINITION

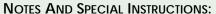
Reco	ORDS/LOCATOR NU	MBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-035	1	Yes
Non-Institutional	2-035	1	Yes
Primary Picture (Format)	One (1) alpha ch	aracter.	
DEFINITION		n adjustment to a Nor ST submit the entire l ED Record	
CODE/VALUE SPECIFICATIONS		be the same value as resent on the original	
ALGORITHM	N/A		
Subordin	ate And/Or Grou	JP ELEMENTS	
Subordinate	GROUP		
N/A		INTERNAL CON'	TDOL NILIMDI



ELEMENT	MAME.	ADMISSIO	N DATE
LLLIVILINI	I WAIVIL.		N DAIL

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	Required	
Institutional	1-265	1	Yes	
PRIMARY PICTURE (FORMAT)	Eight (8) alphan	Eight (8) alphanumeric characters, YYYYMMDD.		
DEFINITION	Date the patient was first admitted to the institution for this episode.			
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ar	
	MM	2 digit calendar m	onth	
	DD	2 digit calendar da	y	
ALGORITHM	N/A			
SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP	
N/A		N/	A	



For complete claim denials when the appropriate value is not available use the same date as Begin Date of Care.



RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Institutional	1-295	1	Yes		
PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric digits.				
DEFINITION	ICD-9-CM Code to identify diagnosis under which patient was admitted to institution.				
CODE/VALUE SPECIFICATIONS	Refer to Internal Classification of Diseases Clinical Modification Edition 9, Volume 1 for valid ICD-9-CM codes. Must code the most detailed subcategory or subclassification. Left justify including leading zeros and blank fill. Do not fill with zeros. Do not code the decimal point.				
ALGORITHM	N/A				
Subordin	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	OUP		
N/A	N/A				

NOTES AND SPECIAL INSTRUCTIONS:

The primary diagnosis may be coded in lieu of the admission diagnosis if the admission diagnosis is not available and is not needed to support a waiver of the CA/ NAS requirement for an emergency admission.

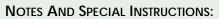
For complete claim denials when the appropriate value is not available use code 7999.



ELEMENT NAME: AMOUNT ALLOWED (TOTAL)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Institutional	1-125 1 Yes ¹				
PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.				
DEFINITION	Total amount allowed for all authorized services on the TED record. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, refer to Chapter 2, Section 1.2, paragraph 6.0.				
CODE/VALUE SPECIFICATIONS	N/A				
ALGORITHM	N/A				
SUBORDIN	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate	GROUP				
N/A	N/A				



¹ If the complete TED Record is denied (TYPE OF SUBMISSION code 'D'), this amount must be zero.











ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-185	Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT)	Nine (9) signed a decimal places.	numeric digits includ	ling two (2)
DEFINITION	Total amount all supply(ies)	owed for this (these)	service(s)/
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
Subordin	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A





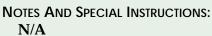
¹ If the procedure is denied this amount must be zero.

ELEMENT NAME: AMOUNT APPLIED TO	DWARD DEDUCTIBLE		
Reco	ORDS/LOCATOR NU	IMBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-195	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	Five (5) signed numeric digits including two (2) decimal places.		
DEFINITION	Portion of Amount Allowed which is applied toward the patient or family deductible for the fiscal year on the TED Record.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
Subordin	ate And/Or Gro	UP ELEMENTS	
Subordinate	GROUP		
N/A		N/	A
Notes And Special Instructions: N/A			



RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-120	1	Yes
PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.		
DEFINITION	Total amount billed for all services reported on the TED record. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, refer to Chapter 2, Section 1.2, paragraph 6.0.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	Must be sum of all total charge per revenue code (institutional record) fields.		
SUBORDINA	ATE AND/OR GROU	P ELEMENTS	
Subordinate		Gro	DUP
N/A		N/	A









ELEMENT NAME:	AMOUNT	BILLED BY	PROCEDURE	CODE
---------------	--------	-----------	-----------	------

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-180	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	Nine (9) signed decimals.	numeric digits includ	ding two (2)
DEFINITION	Amount billed b service(s)/supp	y the provider for th ly(ies).	is (these)
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDIN	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	OUP
N/A		N/	A
Notes And Special Instructions: N/A			

AFI

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-140	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.		ling two (2)
DEFINITION	Portion of total amount allowed that was paid by government contractor for all services reported or the TED Record.		1 0
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	n N/A		
Subordin	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A

NOTES AND SPECIAL INSTRUCTIONS:

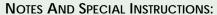
Note: THIS AMOUNT DOES NOT INCLUDE INTEREST PAYMENTS. The amount in this field will be included in the "TOTAL AMOUNT PAID" field in the header record.

 $^{^{1}}$ Reflects the total amount paid regardless of a provider's financial arrangement with the contractor, i.e., "withheld amounts."

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-205	Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT)	Nine (9) signed decimal places.	numeric digits includ	ling two (2)
DEFINITION		nt allowed that was tractor for all service	
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
Subordina	ATE AND/OR GROU	JP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A



¹ Reflects the total amount paid regardless of a provider's financial arrangement with the contractor, i.e., "withheld amounts."

Note: THIS AMOUNT DOES NOT INCLUDE INTEREST PAYMENTS. The amount in this field will be included in the "TOTAL AMOUNT PAID" field in the header record.



ELEMENT NAME:	AMOUNT PAID	RV OTHER HEA	ALTH INSURANCE
LLCIVICINI INAIVIC.	AIVIOUNI FAID	DI CHEKITE	ALITI HASUKANCE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-130	1	Yes
Non-Institutional	2-190	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.		
DEFINITION	Institutional : Amount paid by other health insurance, including TPL, for all services reported.		
		al : Amount paid by ding TPL, for service	
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDIN	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A

NOTES AND SPECIAL INSTRUCTIONS:

N/A



EMENT NAME: BEGIN DATE OF CA	RE		
Reco	ORDS/LOCATOR N	JMBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-275	1	Yes
Non-Institutional	2-150	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	Eight (8) alphar	numeric characters, Y	YYYMMDD.
DEFINITION	Institutional : E TED Record.	arliest date of care rep	oorted on this
		nal: The earliest begin ices for this procedure	
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ar
	MM	2 digit calendar m	onth
	DD	2 digit calendar da	ıy
ALGORITHM	N/A		
Subordin	ate And/Or Gro	UP ELEMENTS	
Subordinate		Gro	UP
N/A		N/.	A

Notes And Special Instructions: N/A



ELEMENT NAME: **CA/NAS EXCEPTION REASON**

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional Non-Institutional	1-180 2-320	1 Up to 99	Yes ¹ Yes ¹
PRIMARY PICTURE (FORMAT)	Two (2) alphanu	meric characters ² .	
DEFINITION	Code that describes the reason for bypassing the requirement of a CA/NAS.		passing the
CODE/VALUE SPECIFICATIONS	All contractors a for Inpatient Car	are required to proceste.	ss for CA/NAS
		the Catchment Area ices Medical Facilitie ed)	
	1	Enrollment in an i that provides prim	-
	2	Emergency medica	al treatment
	3	Inpatient care in a infirmary	college
	4	Inpatient care in a nursing facility	n approved
	5	Residential Treatm	nent Center
	6	Resource Sharing	
	7	Specialized Treatn e.g., Alcohol Treat	
	8	Heart Transplant	
	9	TRICARE Demons that allow exception requirements.	

NOTES AND SPECIAL INSTRUCTIONS:

RAFT

¹ Required if applicable to TED Record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.

² When using single digit codes, left justify and blank fill.

DRAFT

DATA ELEMENT DEFINITION

ELEMENT NAME:	CA/NAS EXCEPTION R	EASON (CON	ITINUED)
Code/V	ALUE SPECIFICATIONS (CONTINUED)	A	 CA/NAS not required for the first 3 days of routine care for a newborn of: 1. An active duty member; 2. A mother whose OHI does not cover the newborn; 3. An illegitimate child of an active duty sponsor.
		В	Former spouse with pre-existing condition, not on DEERS.
		С	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
		D	Delivery in a free standing birthing center or hospital outpatient birthing room
		E	Lung Transplant
		F	Combined Liver-Kidney Transplant
		Н	Heart-Lung Transplant
		K	Continued Health Care Benefit Program (CHCBP)
		L	Hospice
		M	Abused Family Member
		O	Living-Related Donor Liver Transplant (prior to 06/01/1999)
		Q	Active Duty Claims
		R	Simultaneous Pancreas-Kidney Transplant

Required if applicable to TED Record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.
 When using single digit codes, left justify and blank fill.

ELEMENT NAME: CA/NAS EXCEPTIO	n Reason	(CONTINUED)	
CODE/VALUE SPECIFICATIONS (CONTINUED)	ORDER	CA/NAS EXCEPTION REASON	DESCRIPTION
	1st	9	TRICARE Demonstration Projects
	2nd	8	Heart Transplant
	3rd	E	Lung Transplant
	4th	F	Combined Liver-Kidney Transplant
	5th	2	Emergency medical treatment
	6th	1	Enrollment in an insurance plan that provides primary coverage
	7th	3	Inpatient care in college infirmary
	8th	4	Inpatient care in approved nursing facility
	9th	5	Residential Treatment Center care
	10th	6	Resource Sharing
	11th	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility
	12th	D	Delivery in a freestanding birthing center or hospital outpatient birthing room
	13th	A	Routine care for newborn of an active duty member

NOTES AND SPECIAL INSTRUCTIONS:

² When using single digit codes, left justify and blank fill.

¹ Required if applicable to TED Record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.

ELEMENT NAME: CA/NAS EXCEPTION REASON (CONTINUED)				
CODE/VALUE SPECIFICATIONS (CONTINUED)	ORDER	CA/NAS EXCEPTION REASON	DESCRIPTION	
	14th	В	Former spouse with pre- existing condition, not on DEERS and CA/NAS required	
	15th	С	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.	
	16th	L	Hospice	
	17th	Q	Active Duty Claims	
	18th	О	Living-Related Donor Liver Transplant	
	19th	Н	Heart-Lung Transplant	
	20th	K	Continued Health Care Benefits Program (CHCBP)	
	21st	M	Abused Family Member	
ALGORITHM	N/A			
Subordin	ATE AND/C	OR GROUP ELEMEN	NTS	
SUBORDINATE GROUP			GROUP	
N/A PROCESSING INFORM			CESSING INFORMATION	

NOTES AND SPECIAL INSTRUCTIONS:

1 Required if applicable to TED Record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.
2 When using single digit codes, left justify and blank fill.

ELEMENT NAME: CA/NAS REASON FOR ISSUANCE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Institutional	1-175	1	Yes ¹		
Non-Institutional	2-315	Up to 99	Yes ¹		
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character. Download from DEERS.				
DEFINITION	The CA/NAS Reason For Issuance indicates why the care was not or cannot be provided by a Military Treatment Facility.				
CODE/VALUE SPECIFICATIONS	Submit in same format as DEERS response.				
ALGORITHM	ı N/A				
SUBORDINA	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP		
N/A		PROCESSING IN	IFORMATION		

¹ If not applicable report blanks.



ELEMENT	NAME.	CA/N	AS N	JUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Institutional	1-170	1	Yes ¹		
Non-Institutional	2-310	Up to 99	Yes ¹		
PRIMARY PICTURE (FORMAT)	Eleven (11) alphanumeric characters. Download field from DEERS (or from hardcopy if attached to claim).				
DEFINITION	Unique number assigned by the MTF when issuing the CA/NAS. Care authorization is also issued by the MTF. Both numbers are carried on the DEERS database.				
CODE/VALUE SPECIFICATIONS	Submit in same format as DEERS response.				
ALGORITHM	1 N/A				
Subordin	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP		
N/A	PROCESSING INFORMATION				

Required if inpatient care and patient lives within a catchment area, and patient lives within a catchment area. Can be blank if the record is denied for lack of CA/NAS, or TED Record contains treatment data exempt from CA/NAS requirement.





ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Institutional	1-240	1	Yes		
Non-Institutional	2-105	1	Yes		
PRIMARY PICTURE (FORMAT)	One (1) alphanu	ımeric character.			
DEFINITION	Code associated submitted.	d with the primary cla	im form		
CODE/VALUE SPECIFICATIONS	В	DD Form 2642			
	С	HCFA Form 1500			
	F	UB-92			
	G	Electronic Instituti Submission	onal Claim		
	Н	Electronic Non-Ins Submission	titutional Claim		
	I	Electronic Drug C	aim Submission		
	J	Other			
ALGORITHM	N/A				
Subordin	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP		
N/A		N/	A		



N/A

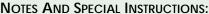
DATA ELEMENT DEFINITION

ELEMENT NAME: COVERED DAYS					
RECORDS/LOCATOR NUMBERS					
RECORD NAME	LOCATOR# OCCURRENCES REQUIRED				
Institutional	1-285	1	Yes		
Primary Picture (Format)	Three (3) signed	numeric digits			
DEFINITION Number of hospital days authorized for all service within the TED Record.					
CODE/VALUE SPECIFICATIONS	any allowance b discharge staten days where ther contractor. For in	er of hospital days why the contractor. For a nents, enter the number was any allowance nitial, interim or final lowed days in the pe	admit through per of hospital by the statement enter		
A LGORITHM	ALGORITHM The day of admission is to be counted as a hospital day. The day of discharge is not to be counted as a hospital day.				
Subordin	ATE AND/OR GROU	IP ELEMENTS			
Subordinate		GRO	UP		
N/A		N/A	A		
NOTES AND SPECIAL INSTRUCTIONS:					

ELEMENT NAM	IF DATE	A DJUSTMENT	IDENTIFIED
LLLIVILINI INFAIR	IL. DAIL	MUJUJIIVILINI	IDLIVIII ILL

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-045	1	Yes ¹	
Non-Institutional	2-045	1	Yes ¹	
Primary Picture (Format)	Eight (8) alphar	Eight (8) alphanumeric characters, YYYYMMDD.		
Definition	Date the contract Record was req	ctor determined an ac uired.	djustment TED	
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ear	
	MM	2 digit calendar m	onth	
	DD	2 digit calendar da	ny	
ALGORITHM	N/A			
Subordin	ate And/Or Gro	UP ELEMENTS		
Subordinate		Gro	OUP	
N/A		N/	A	



Notes And Special Instructions:

1 Zero fill if TED Record is not an adjustment.







ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-040	1	Yes
Non-Institutional	2-040	1	Yes
PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters, YYYYMMDD.		
DEFINITION	Date the contractor processed the claim/treatment encounter data to completion. This is when all services and supplies on the claim have been adjudicated, payment has been determined, deductible has been applied, checks and EOBs have been prepared for mailing, and payment/deductible/denial has been posted to history and th TED record(s).		
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ear
	MM	2 digit calendar m	onth
	DD	2 digit calendar da	ny
ALGORITHM	N/A		
Subordin	ate And/Or Gro	UP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A
Notes And Special Instructions: N/A			



	ATA ELEMENT DEFIN	ITION		
ELEMENT NAME: DEERS DEPENDENT S	Suffix			
RECO	ORDS/LOCATOR N	JMBERS		
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-090	1	Yes	
Non-Institutional	2-075	1	Yes	
Primary Picture (Format)	Two (2) alphan	umeric characters.		
DEFINITION Code maintained on DEERS database that uniquidentifies the patient within the family. Downloa field from DEERS.				
CODE/VALUE SPECIFICATIONS	CODE/VALUE SPECIFICATIONS DEERS Dependent Suffix			
	01-19	Eligible Dependen	t Children	
	20	Sponsor		
	30-39	Spouse of Sponsor		
	40-44	Mother of Sponsor		
	45-49	Father of Sponsor		
	50-54	Mother-in-law of S	Sponsor	
	55-59	Father-in-law of S	ponsor	
	60-69	Other Eligible Fan (including former		
	70-74	Unknown by DEE	RS	
	75	Pseudo DDS - Uni Contractor	known by	
98 Service Secretary Designee				
ALGORITHM N/A				

SUBORDINATE AND/OR GROUP ELEMENTS

Subordinate	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A

ELEMENT NAME: DENIAL REASON CODE

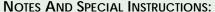
RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional Non-Institutional	1-400 2-220	Up to 999 Up to 99	Yes ¹ Yes ¹
PRIMARY PICTURE (FORMAT)	Two (2) alphani	umeric characters.	
DEFINITION	Code identifyin services on the	g the reason for non- detail line item.	payment of
CODE/VALUE SPECIFICATIONS	1	Duplicate service(s)
	2	Ineligible claimant	
	3	Non-covered bene	efit/service
	4	Maximum benefit	exceeded
	6	8	
	7		
	8	8 Other	
	9	CA/NAS cancelle provided	d or not
	A	DEERS	
	В	Potential Third Pa	rty Liability
	С	Verified Third Par	ty Liability
	D	Bone marrow tran Wilford Hall refer	
	E^2	Billing for partial s not reimbursable	stay under DRG
	F^2	DRG non-reimbur hospital based pro kidney acquisition	fessionals,
	G	Authorization not	on file



Required if services are not allowed. Leave blank if not applicable.
 Institutional Only.
 Non-Institutional Only.

ELEMENT NAME: DENIAL REASON CO	DDE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	Н	Invalid Interim DRG request for payment	
	I	High Volume Psychiatric Hospital/Unit excluded from per diem reimbursement	
	J	Billing medium incorrect; e.g., billing on a UB-92 for professional services/supplies.	
	K	Maximum amount allowed for more comprehensive procedure	
	L	Other insurance processing information not provided	
	M	Provider is not TRICARE-certified	
	N	Multiple denial reasons	
	GG^3	TRICARE Claimcheck	
	LL^3	TRICARE Claimcheck Laboratory	
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
Subordinate		GROUP	
N/A		N/A	



- NOTES AND SPECIAL INSTRUCTIONS:

 1 Required if services are not allowed. Leave blank if not applicable.
 2 Institutional Only.
 3 Non-Institutional Only.



RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-290	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Three (3) alphan	umeric digits.	
DEFINITION	Number identify (DRG) determine	ving the Diagnosis Reed for this care.	elated Group
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDIN	ATE AND/OR GROU	P ELEMENTS	
Subordinate		Gro	DUP
N/A		N/	A



NOTES AND SPECIAL INSTRUCTIONS:

1 Required if TED Record is processed under TRICARE/CHAMPUS DRG reimbursement methodology.



Chapter 2 Section 2.5

Data Requirements - Institutional/Non-Institutional Record Data Elements (E - L)

DATA ELEMENT DEFINITION

ELEMENT NAME: END DATE OF CARE				
RECORDS/LOCATOR NUMBERS				
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional Non-Institutional	1-280 1 Yes 2-155 Up to 99 Yes			
PRIMARY PICTURE (FORMAT)	Eight (8) alpha	numeric characters, Y	YYYMMDD.	
DEFINITION Institutional: Latest date of care reported on this TED Record.			orted on this	
		nal: The latest ending		
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ar	
	MM	2 digit calendar m	onth	
	DD	2 digit calendar da	ny	
ALGORITHM	N/A			
Subordin	ate And/Or Gro	OUP ELEMENTS		
Subordinate		Gro	UP	
N/A		N/.	A	
Notes And Special Instructions: N/A				

Last Changed on 09/18/2001

ELEMENT NAME:	ME: ENROLLMENT STATUS	US		
---------------	-----------------------	----	--	--

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-110	1	Yes
Non-Institutional	2-300	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	Two (2) alphanu	ımeric characters.	
DEFINITION	Code indicating whether the patient is enrolled with the contractor (Prime) or not (Non-Prime), or the care was received under the Standard TRICARE Program, or a special care program.		ime), or the care
CODE/VALUE SPECIFICATIONS	Enrollment Stat	tus	
	T	TRICARE Standar	d Program
	U	TRICARE Prime, Civilian PCM	
	V	TRICARE Extra	
	W^1	TPR Active Duty Claims - USA	
	X^1	Active Duty Member Claims - Europe	
	Y ¹	Continued Health Program (CHCBP)	
	Z	TRICARE Prime, N	MTF/PCM
	AA^1	Continued Health Care Benefit Program (CHCBP) Extra	
	BB ¹	TRICARE Senior P 10/01/1998 throug	•
	FE ¹	TRICARE for Life (Effective 10/01/2	
	FS ¹	TRICARE for Life (Effective 10/01/2	
	PS ¹	TRICARE Senior P (Effective 04/01/2	

NOTES AND SPECIAL INSTRUCTIONS:

Left justify and blank fill.

Enrollment Status U shall be used for CONUS and also for TRICARE Overseas Program Prime enrollees.



¹ Not-At-Risk Payment By Contractor.

ELEMENT NAME: ENROLLMENT STATUS ((CONTINUED)	
	SN ¹	Supplemental Health Care Program - Non-MTF-Referred Care
CODE/VALUE SPECIFICATIONS (CONTINUED)	SR ¹	Supplemental Health Care Program - Referred Care
	SO ¹	Supplemental Health Care Program - Non TRICARE Eligible (Terminated 06/01/2001)
	ST ¹	Supplemental Health Care Program - TRICARE Eligible (Terminated 06/01/2001)
	TS ¹	TRICARE Senior Supplement Demonstration Program (Effective 04/01/2000)
ALGORITHM	N/A	
SUBORDINA	TE AND/OR GRO	DUP ELEMENTS
Subordinate		GROUP
N/A		N/A



Left justify and blank fill.

Enrollment Status U shall be used for CONUS and also for TRICARE Overseas Program Prime enrollees.

¹ Not-At-Risk Payment By Contractor.







GROUP

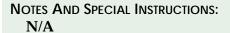
INTERNAL CONTROL NUMBER

ELEMENT NAME:

FILING DATE

DATA ELEMENT DEFINITION

RECORDS/LOCATOR NUMBERS				
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-015	1	Yes	
Non-Institutional	2-015	1	Yes	
PRIMARY PICTURE (FORMAT)	Seven (7) alpha	numeric characters, Y	YYYDDD.	
DEFINITION	Date the request for payment of services rendered was received by the contractor for processing.			
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ar of receipt	
	DDD	3 digit Julian date	of receipt	
ALGORITHM	N/A			
SUBORDIN	SUBORDINATE AND/OR GROUP ELEMENTS			



SUBORDINATE

N/A



ELEMENT NAME: FILING STATE/COUNTRY CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Institutional	1-020	1	Yes		
Non-Institutional	2-020	1	Yes		
PRIMARY PICTURE (FORMAT)	Three (3) alphanumeric characters.				
DEFINITION	Code that indicates the State or Country where the primary care was provided.				
CODE/VALUE SPECIFICATIONS	Refer to Chapter 2, Addendum A and Addendum B ¹ .				
ALGORITHM	N/A				
Subordin	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP		
N/A		INTERNAL CON	TROL NUMBER		

¹ State code will consist of 2 alphanumeric characters, which is left justified and blank fill to right. The foreign countries will consist of 3 alphanumeric characters.

ELEMENT NAME: FREQUENCY CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-250	1	Yes ¹
PRIMARY PICTURE (FORMAT)	One (1) alphanu	ımeric character.	
DEFINITION	Code that describes the frequency of billing from the institution. All TED Records for interim (interim or final) institutional bills must be submitted as an adjustment using the same ICN as the initial submission.		
CODE/VALUE SPECIFICATIONS	1	Admit thru Discha	arge TED Record
	2	Interim - Initial TE	ED Record
	3	Interim - Interim T	TED Record
	4	Interim - Final TE	D Record
	7	Replacement of Pr	ior Claim
	8	Void/Cancel of Pr	ior Claim
ALGORITHM	N/A		
Subordina	ate And/Or Gro	UP ELEMENTS	
Subordinate		Gro	UP
N/A		TYPE O	F BILL

NOTES AND SPECIAL INSTRUCTIONS:

For complete claim denials when the appropriate value is not available, use code 001; there is no default on DRG interim billings.









 $^{^{1}}$ The Initial, Interim, and Final TED Records, when used, must be submitted to TMA in correct sequence. If the patient is transferred and the care is processed under DRG rules, then Code '1' must be used; all other Transfers must use Code '1' or '4' as appropriate.

		Payment
ELEMENT N	IIVILIXLƏI	

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-145	1	No
Non-Institutional	2-210	Up to 99	No
PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.		
DEFINITION	The interest field is used by the contractor to report/record any dollar amounts associated with the delivery of health care that could not otherwise be reported in existing TED records fields. This amount shall be reported on both at-risk and not-at-risk payments (batch/voucher). (Refer to OPM Chapter 3, Section 2)		l with the otherwise be ds. This amount not-at-risk
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GROU	JP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A

NOTES AND SPECIAL INSTRUCTIONS:

Note: This amount is not part of the "AMOUNT PAID BY GOVERNMENT CONTRACTOR" field. However, it will be included in the "TOTAL AMOUNT PAID" field in the header record.

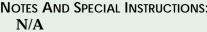




ELEMENT NAME:	INTERNAL	CONTROL	NUMBER	(ICNI)
LLCIVICINI INAIVIC.	INICKINAL	CONTROL	INUIVIDER	$(I \cup I Y)$

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-010	1	Yes
Non-Institutional	2-010	1	Yes
PRIMARY PICTURE (FORMAT)	Group		
DEFINITION	N/A		
CODE/VALUE SPECIFICATIONS	Refer to subordinate element definitions.		ons.
ALGORITHM	N/A		
Subordin	ATE AND/OR GROU	P ELEMENTS	
Subordinate		Gro	UP
FILING DATE		TED RECORD	INDICATOR
FILING STATE/COUNTRY CO.	DE		
SEQUENCE NUMBER			
NOTES AND SPECIAL INSTRUCTIONS:			





Chapter 2
Section 2.6

Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: NATIONAL DRUG CO	ODE				
RECO	RECORDS/LOCATOR NUMBERS				
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Non-Institutional	2-170	Up to 99	Yes ¹		
PRIMARY PICTURE (FORMAT)	Eleven (11) alph	Eleven (11) alphanumeric characters.			
DEFINITION	DEFINITION Number assigned to pharmaceutical products Food and Drug Administration (FDA).				
CODE/VALUE SPECIFICATIONS	Unique number assigned to include pharmaceutica by the FDA.		pharmaceutical		
ALGORITHM	N/A				
Subordin	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP		
N/A		N/	A		
NOTES AND SPECIAL INSTRUCTIONS:	Notes And Special Instructions:				

¹ Only required for Outpatient Drug claim.



NOTES AND SPECIAL INSTRUCTIONS:

N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: NUMBER OF SERVICE	ES			
RECORDS/LOCATOR NUMBERS				
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Non-Institutional	2-175	Up to 99	Yes	
PRIMARY PICTURE (FORMAT)	Two (2) signed i	numeric digits.		
DEFINITION		redures performed/so ed for medical, denta		
CODE/VALUE SPECIFICATIONS	N/A			
ALGORITHM	performed by the charge for each, month, provided the same for each allergy testing, I PFPWD, or an experience of lemileage. Allower combined separ	lures must be combine same provider, with and within the same dithe reason for allowed the reason for ambulation of the rental, POV miles the siology, enter 01 for the properties of the properties of the provided prescription drugs at the provided provided provided provided prescription drugs at the provided	h the same calendar vance/denial is ance services, eage for for each service of base units or must be d prescription	
Subordin	ATE AND/OR GROU	JP ELEMENTS		
Subordinate		Gro	UP	
N/A		N/.	A	

ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional Non-Institutional	1-380 2-145	Up to 999 Up to 99	Yes Yes
PRIMARY PICTURE (FORMAT)	Three (3) ¹ numeric digits.		
DEFINITION	A unique number for each utilization/revenue data occurrence within the TED Record. Line item must be assigned in sequential ascending order.		ne item must be
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
Subordin	ATE AND/OR GROU	P ELEMENTS	
Subordinate		Gro	UP
N/A		N/.	A

Notes And Special Instructions:

1 Non-institutional will be limited to 99 occurrences.

ELEMENT NAME: OVERRIDE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-160	3	Yes ¹
Non-Institutional	2-095	3	Yes ¹
PRIMARY PICTURE (FORMAT)	Six (6) alpha cha	racters.	
DEFINITION	The group of three codes which indicate that certain questionable data has been identified and approved by the contractor and the normal editing and processing rules should be bypassed for this record.		l and approved ting and
CODE/VALUE SPECIFICATIONS	11	Claims retained by for development (i available from in-l (Effective 02/01/0	information not nouse sources)
	12	TPL claims requiri development (Effe 02/01/2000)	
	13	Government interpended up to 60 ca (Benefit Changes, etc.) (Effective 02/	alendar days CMAC updates,
	14	Claims requiring i another contractor 02/01/2000)	
	15	Claims pended at direction 60 calend over (Effective 02/	lar days and
	A	Patient is over 65	
	В	Patient is a spouse of age	under 12 years
	С	Good faith claim; _J been made.	payment has
	D	Patient is family mof age or older	nember 21 years

¹ Required if override code is applicable to override TMA edit checking. Can report 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two characters: left justify and blank fill

ELEMENT NAME:	OVERRIDE CODE (COI	NTINUED)	
Code/Va	ALUE SPECIFICATIONS (CONTINUED)	Е	Diagnosis is maternity; patient is under 12 years of age
		F	Claim was filed after the filing deadline.
		G	Diagnosis/Procedure code for female; sex indicates male
		Н	Diagnosis/Procedure code for male, sex indicates female
		I	Patient is a former spouse under 34 years of age
		J	Successive admission (patient is family member of an Active Duty Sponsor and cost-share is based on both current and prior admission) (Institutional Only)
		K	Catastrophic loss protection limit reached, patient cost-share and deductible rules do not apply
		M	NATO, Social Security Number not applicable
		N	Retrospective payment - Inpatient Mental Health (Institutional Only)
		P	Reserved (to be used only with TMA authorization)
		Q	Former Spouse with Pre-Existing Condition
		R	Patient date of birth is not consistent with procedure/diagnosis code age restricting; procedure performed due to medical necessity

¹ Required if override code is applicable to override TMA edit checking. Can report 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two characters: left justify and blank fill

Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME:	OVERRIDE CODE (C	ONTINUED)	
Code/V	ALUE SPECIFICATIONS (CONTINUED)	S	Zip code override to be used when:
			 A beneficiary has moved out of a region and the contractor is still responsible for the care claimed; or
			2. If a beneficiary resides in a region different from the region they are enrolled in, but are within the same contract jurisdiction (i.e., 2/5, 3/4 or 9/10)
		U	Beneficiary indemnification payment
		V	Active Duty Family Member, services provided in TRICARE Europe
		Y	Newborn in mother's room without nursery charges (Institutional Only)
		Z	Enhanced benefit
		NC	Non-Certified Providers (does not include sanctioned/suspended providers)
	A LGORITHM	N/A	
	Subordin	ATE AND/OR GR	OUP ELEMENTS
	Subordinate		GROUP
	N/A		PROCESSING INFORMATION

¹ Required if override code is applicable to override TMA edit checking. Can report 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two characters: left justify and blank fill

Chapter 2 Section 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

DATA ELEMENT DEFINITION

Proc	ORDS/LOCATOR NUM	ADEDC		
RECC	JRDS/LOCATOR INUI	VIREK2		
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-135	1	Yes	
Non-Institutional	2-200	Up to 99	Yes	
PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal place.				
DEFINITION	Institutional: The total amount of money the beneficiary is responsible for paying in connection with covered services, other disallowed amounts.			
		al: The total amount	of money the	
	with covered ser	vices, other than the and any disallowed a	annual fiscal	
CODE/VALUE SPECIFICATIONS	with covered ser	vices, other than the		
CODE/VALUE SPECIFICATIONS ALGORITHM	with covered ser year deductible a	vices, other than the	annual fiscal	
ALGORITHM	with covered ser year deductible a N/A	vices, other than the and any disallowed a	annual fiscal	
ALGORITHM	with covered ser year deductible a N/A N/A	vices, other than the and any disallowed a	annual fiscal	

ELEMENT NAME: PATIENT DATE OF BIRTH	ELEMENT	NAME:	PATIFNIT	DATE	OF BIRT	н
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RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-085	1	Yes
Non-Institutional	2-070	1	Yes
PRIMARY PICTURE (FORMAT)	Eight (8) alphar Download field	numeric characters, Y' from DEERS.	YYYMMDD.
DEFINITION	Date of birth of	patient	
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ar
	MM	2 digit calendar m	onth
	DD	2 digit calendar da	y
ALGORITHM	N/A		
Subordin	ATE AND/OR GRO	UP ELEMENTS	
Subordinate		Gro	UP
N/A		N/.	A



ELEMENT I	NAME.	DATIENT	IDENTIFIER
ELEIVIEINI I	VAIVIE.	PAHENI	IDENTIFIER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Institutional	1-095	1	No		
Non-Institutional	2-080	1	No		
PRIMARY PICTURE (FORMAT)	Thirteen (13) alphanumeric characters.				
DEFINITION	Reserved for future use.				
	Code maintained on DEERS database that uniquely identifies the patient. Download field from DEERS.				
CODE/VALUE SPECIFICATIONS	N/A				
ALGORITHM	ı N/A				
Subordin	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP		
N/A	N/A				

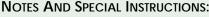
NOTES AND SPECIAL INSTRUCTIONS:



ELEMENT	NAME:	PATIENT	NAME
---------	-------	---------	------

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Institutional	1-075	1	Yes		
Non-Institutional	2-060	1	Yes		
PRIMARY PICTURE (FORMAT)	Twenty-seven (27) alphanumeric characters.				
DEFINITION	Name of patient. Download field from DEERS.				
CODE/VALUE SPECIFICATIONS	N/A				
ALGORITHM	N/A				
SUBORDINATE AND/OR GROUP ELEMENTS					
Subordinate		Gro	UP		
N/A		N/	A		
NOTES AND SPECIAL INSTRUCTIONS:					



ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional Non-Institutional	1-070 2-295	1 Up to 99	Yes Yes
PRIMARY PICTURE (FORMAT)	Two (2) alphanu	ımeric character.	
DEFINITION		es the relationship of wnload field from Dl	
CODE/VALUE SPECIFICATIONS	01	Spouse	
	15	Ward of Court (inc preadoptive child	
	17	Step Child	
	19	Child (includes adopted)	
	21	Unknown	
	þ	Sponsor Unremarried Widow(er)	
	F		
	G	Unmarried Widov	v(er)
	Н	Unmarried Forme meeting 20/20/20	
	L	Parent-in-law	
	M	Step Parent-in-law	7
	P	Parent	
	R	Unremarried Form divorced on or aft meeting 20/20/15	er 04/01/1985,
	Т	Unremarried Forn	ner Spouse
	U	Step Parent	
	X	Other (includes go payments)	ood faith

NOTES AND SPECIAL INSTRUCTIONS:

For complete claim denials when the appropriate value is not available use code '21'.

ELEMENT NAME: PATIENT RELATIONSHIP TO SPONSOR (CONTINUED)					
CODE/VALUE SPECIFICATIONS (CONTINUED)		Y	Unremarried Former Spouse divorced prior to 04/01/1985, meeting 20/20/15 criteria		
ALGORITHM N/A					
SUBORDINATE AND/OR GROUP ELEMENTS					
Subordinate			GROUP		
N/A			N/A		

NOTES AND SPECIAL INSTRUCTIONS:

For complete claim denials when the appropriate value is not available use code '21'.



ELEMENT	NAME:	PATIENT	SEX
---------	-------	---------	-----

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED			
Institutional	1-100	1	Yes			
Non-Institutional	2-085	1	Yes			
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.					
DEFINITION	Code defining sex of patient. Download field from DEERS.					
CODE/VALUE SPECIFICATIONS	M	Male				
	F	Female				
ALGORITHM	N/A					
Subordin	SUBORDINATE AND/OR GROUP ELEMENTS					
Subordinate	SUBORDINATE GROUP					
N/A	N/A					

NOTES AND SPECIAL INSTRUCTIONS:



ELEMENT NAME:	PATIENT S	SOCIAL S	SECURITY	NUMBER
---------------	-----------	----------	----------	--------

RECORDS/LOCATOR NUMBERS

LOCATOR#	OCCURRENCES	REQUIRED
1-080	1	Yes
2-065	1	Yes
Nine (9) alphanumeric characters.		
Patient Social Security Number as verified through DEERS. Download field from DEERS, if value is blank on DEERS blank-fill on TED.		
If unknown, blank fill.		
ı N/A		
ate And/Or Grou	IP ELEMENTS	
	Gro	UP
N/A		
	1-080 2-065 Nine (9) alphant Patient Social Se DEERS. Downlo blank on DEERS If unknown, blank	1-080 1 2-065 1 Nine (9) alphanumeric characters. Patient Social Security Number as ve DEERS. Download field from DEERS blank on DEERS blank-fill on TED. If unknown, blank fill. N/A ATE AND/OR GROUP ELEMENTS GRO



ELEMENT NAME: PATIENT STATUS

RECORDS/	I OCATOR	NUMBERS
KFC.CRDS/	I CIC.AICIR	IMUNINERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-270	1	Yes
PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.		
DEFINITION	Code indicating care on the TED	patient status as of the Record.	ne end date of
CODE/VALUE SPECIFICATIONS	01	Discharged	
	02	Transferred	
	03	Discharged/transf nursing facility (SI	
	04 Discharged/transferred to intermediate care facility (I		
	05 Discharged/transferred to a type of institution for inpat care, or referred for outpati care to another institution		for inpatient r outpatient
	06	Discharged/transf under care of orga health service orga	nized home
	07	Left against medic discontinued care	al advice or
	08	Discharged/transf under care of a hor	
	20	Expired (or did no Christian Science I	
	30	Still patient (remai	ning)
	40	Died at Home	
	41	Died in a medical f hospital, SNF, or fi hospice	· ·
	42	Place of death unk	nown
	50	Discharged to Hos	pice - Home

NOTES AND SPECIAL INSTRUCTIONS: N/A

Last Changed on 09/18/2001

ELEMENT NAME: PATIENT STATUS (CC	NTINUED)	
CODE/VALUE SPECIFICATIONS (CONTINUED)	51	Discharged to Hospice - Medical Facility
ALGORITHM	N/A	
Subordin	ate A nd/ O r G i	ROUP ELEMENTS
Subordinate		GROUP
N/A		N/A
NOTES AND SPECIAL INSTRUCTIONS: N/A		



ELEMENT NAME: PATIENT ZIP CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-105	1	Yes
Non-Institutional	2-090	1	Yes
PRIMARY PICTURE (FORMAT)	Nine (9) alphanu	ımeric characters.	
DEFINITION	US Postal Zip Code or foreign country code for patient's legal residence at the time service was rendered and must not be the zip code of a P.O. Box.		
CODE/VALUE SPECIFICATIONS	Must be a valid 5 or 9 digit zip code. If only 5 digit, left justify and blank fill to right. If foreign country, must be 3 character foreign country code, left justified and blank filled. Refer to Chapter 2, Addendum A.		
ALGORITHM	ı N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
Subordinate		Gro	UP
N/A	N/A		

NOTES AND SPECIAL INSTRUCTIONS: N/A

ELEMENT	NAME.	PCM I	LOCATION	DMIS-ID	CODE
LLEIVIEINI	INAIVIE.	F CIVI		טויטוט דו	

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-115	1	No	
Non-Institutional	2-110	1	No	
PRIMARY PICTURE (FORMAT)	Four (4) alphanu	ımeric characters.		
DEFINITION			ats primarily for ation (EBC). 997. The code RIME new programs R) which has an les also vary s of enrolling	
CODE/VALUE SPECIFICATIONS	Refer to Chapter 3, Section 1.2 for further instructions on how and when to use these codes.			
ALGORITHM	N/A			
SUBORDINA	SUBORDINATE AND/OR GROUP ELEMENTS			
Subordinate		Gro	UP	
N/A		N/	A	

NOTES AND SPECIAL INSTRUCTIONS:

¹ For SHCP - MTF Referred care, the referring MTF/Clinic DMIS-ID must be reported if available in the PCM Location DMIS-ID Code (see OPM Chapter 21)

ELEMENT NAME:

PHYSICIAN REFERRAL NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-270	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Thirteen (13) alphanumeric characters.		
DEFINITION	The identifying number of the referring physician. This field will be made up of the NPI or PROVIDER TAXPAYER NUMBER and PROVIDER SUB- IDENTIFIER if applicable.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	ı N/A		
Subordin	DRDINATE AND/OR GROUP ELEMENTS		
Subordinate		Gro	UP
N/A		N/.	A

NOTES AND SPECIAL INSTRUCTIONS:

1 Required for all referred care (MTF and Civilian PCM).

ELEMENT NAME: PLACE OF SERVICE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-275	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.		
DEFINITION	Code to indicate	e the location of provi	ded health care.
CODE/VALUE SPECIFICATIONS	11 Office		
	12	Home	
	21	Inpatient Hospital	
	22	Outpatient Hospit	al
	23	Emergency Room	- Hospital
	24	Ambulatory Surgi	cal Center
	25	Birthing Center	
	26	Military Treatmen	Facility
	31	Skilled Nursing Fa	cility
	32	Nursing Facility	
	33	Custodial Care Fac	cility
	34	Hospice	
	41	Ambulance - Land	
	42	Ambulance - Air o	r Water
	51	Inpatient Psychiat	ric Facility
	52	Psychiatric Facility Hospitalization	Partial
	53	Community Menta	al Health Center
	54	Intermediate Care Mentally Retarded	
	55	Residential Substa Treatment Facility	nce Abuse

ELEMENT NAME: PLACE OF SERVICE	(CONTINUED)	
CODE/VALUE SPECIFICATIONS (CONTINUED)	56	Psychiatric Residential Treatment Center
	61	Comprehensive Inpatient Rehabilitation Facility
	62	Comprehensive Outpatient Rehabilitation Facility
	65	End Stage Renal Disease Treatment Facility
	71	State or Local public Health Clinic
	72	Rural Health Clinic
	81	Independent Laboratory
	99	Other Unlisted Facility
ALGORITHM	N/A	
Subordin	ATE AND/OR GROUP	ELEMENTS
Subordinate		GROUP
N/A		N/A
NOTES AND SPECIAL INSTRUCTIONS:		

NOTES AND SPECIAL INSTRUCTIONS: N/A

Program Claim or Active Duty Member TPR claim Paid Outside

Medicare Reimbursement Rate

Normal Limits

DATA ELEMENT DEFINITION

ELEMENT	MAN/F.	PRICING	PATE (CODE
LLCIVICINI	INAIVIE.	FRICING	NAIL	

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-190	1	Yes
Non-Institutional	2-325	Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.		
DEFINITION	The code indicating the contractor's pricing methodology used in determining the amount allowed for the service(s)/supplies.		
CODE/VALUE SPECIFICATIONS		Institutional Codes	
	Blank	No special rate	
	D	Discount rate agre	ement
	P	Per diem rate agre	ement
	Н	TRICARE/CHAM reimbursement wi OUTLIER	
	I	TRICARE DRG re with COST OUTL	
	J	TRICARE DRG re with NO OUTLIE	
	K	Hospital-Specific _J Diem Rate	osychiatric Per
	L	Region-Specific ps Diem Rate	ychiatric Per
	U	Supplemental Hea	alth Care

NOTES AND SPECIAL INSTRUCTIONS:

Left justified, blank filled

V

¹ Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (90010).

	DAIA ELEMENT DETINITION				
ELEMENT NAME:	PRICING RATE CODE (C	CONTINUED)			
CODE/V	ALUE SPECIFICATIONS (CONTINUED)	LC	TRICARE Claim-Added Procedure, CMAC Priced Laboratory Code		
			Non-Institutional Codes		
		0	Pricing not applicable (denied service/supplies and allowed drugs)		
		1	Priced Manually		
		2	Prevailing charge (state)		
		3	Conversion Amount (state)		
		4	Paid as billed		
		5	Paid on negotiated rate		
		A	National prevailing charge		
		В	National conversion factor		
		С	Ambulatory surgery-facility payment rate		
		D	Discounted ambulatory surgery- facility payment rate		
		Е	Ambulatory surgery-paid as billed		
		F	TRICARE Claimcheck-added procedure, priced manually		
		G	TRICARE Claimcheck-added procedure, prevailing charge (State)		
		Н	TRICARE Claimcheck-added procedure, conversion factor (Contractor)		
		I	TRICARE Claimcheck-added procedure, paid as billed		

NOTES AND SPECIAL INSTRUCTIONS:

Left justified, blank filled

¹ Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (90010).

ELEMENT NAME: PRICING RATE C	ODE (CONTINUED)	
CODE/VALUE SPECIFICATIO (CONTINUE		TRICARE Claimcheck-added procedure, paid on negotiated rate
	K	TRICARE Claimcheck-added procedure, prevailing/conversion adjusted by MEI - primary care
	L	TRICARE Claimcheck-added procedure, prevailing/conversion adjusted by the MEI - non-primary care, total charge subject to MEI
	M	TRICARE Claimcheck-added procedure, prevailing/conversion adjusted by the MEI - non-primary care professional component only
	N	TRICARE Claimcheck-added procedure, national prevailing charge
	O	TRICARE Claimcheck-added procedure, national conversion factor
	Р	TRICARE Claimcheck-added procedure, ambulatory surgery-facility payment rate
	Q	TRICARE Claimcheck-added procedure, discounted ambulatory surgery-facility payment rate
	R	TRICARE Claimcheck-added procedure, ambulatory surgerypaid as billed
	Т	TRICARE Claimcheck-added procedure, allowed as billed but paid less than billed
	U	Medicare Reimbursement Rate

NOTES AND SPECIAL INSTRUCTIONS:

Left justified, blank filled

Last Changed on 09/18/2001

RE: TFL

¹ Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (90010).

ELEMENT NAME:	PRICING RATE CODE	(CONTINUED)			
	A LGORITHM	N/A			
	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate Group					
	N/A	PROCESSING INFORMATION			

NOTES AND SPECIAL INSTRUCTIONS:

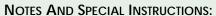
Left justified, blank filled

¹ Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (90010).

ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	Required
Institutional	1-345	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.		
DEFINITION	The code that identifies the principal procedure performed during the period covered by this TED Record as coded on the UB-92.		
CODE/VALUE SPECIFICATIONS	Use the most current procedure code edition (ICD-9 CM) as directed by TMA. Must provide the most detailed code. Must be left justified and blank filled Do not code the decimal point.		de the most
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	UP
N/A		N/.	A



¹ Required if one of the following Revenue Codes are present 36x or 72x.



ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-300	1	Yes
Non-Institutional	2-115	1	Yes
PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric characters.		
DEFINITION	The condition established, after study, to be the major cause for the patient to obtain medical care as coded on the claim form or otherwise indicated by the provider.		al care as coded
CODE/VALUE SPECIFICATIONS	Use the most current diagnosis code edition (ICD-9-CM), as directed by TMA. Must provide the most detailed code. Left justify and blank fill. Do not code the decimal point.		ride the most
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
Subordinate		Gro	UP
N/A		N/.	A

NOTES AND SPECIAL INSTRUCTIONS:

For complete claim denials when the appropriate value is not available use code 7999.



N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCEDURE CODE					
RECORDS/LOCATOR NUMBERS					
RECORD NAME LOCATOR# OCCURRENCES REQUI					
Non-Institutional	2-160 Up to 99 Yes				
PRIMARY PICTURE (FORMAT)	r) Five (5) alphanumeric characters.				
DEFINITION Code indicating the procedure which describes the care received.			n describes the		
CODE/VALUE SPECIFICATIONS	Refer to Physician's Current Procedure Terminolo (CPT-4), or HCPCS National Level II Medicare Coor TMA approved codes (Figure 2-E-1).				
ALGORITHM	N/A				
SUBORDIN	ATE AND/OR GROU	JP ELEMENTS			
Subordinate		Gro	DUP		
N/A		N/	A		
Notes And Special Instructions:					



ELEMENT NAME: PROCEDURE CODE MODIFIER

RECORDS/LOCATOR NUMBERS

NEO	SKDO, LOOK I CK I LO	IVIDERO	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-165	2/Up to 99	No
PRIMARY PICTURE (FORMAT)		s of two (2) alphanun non-institutional.	neric characters
DEFINITION	the health care p service or proce- been altered by	which provides the moreofessional can indiculated that has been persone specific circum efinition or code.	cate that a erformed has
CODE/VALUE SPECIFICATIONS	99, D, E, H, N, P AG, AH, AJ, AN EP, ER, ET, FP, F NR, NU, PH, PL	7, 32, 47, 50, 52-59, 62, R, S, X, AA, AB, AC, AP, AS, CC, DD, EI, HH, HR, HT, LL, QB, QC, QD, QE, Q, Q6, RA, RE, RH, RF, XX, or blank.	F, AD, AE, AF, E, EH, EJ, EM, LR, LS, LT, MS, F, QG, QH, QM,
ALGORITHM	N/A		
SUBORDIN	ate And/Or Grou	JP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A

NOTES AND SPECIAL INSTRUCTIONS:

Can report from 0 to 2 codes. Left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters left justify and blank fill to right.

ELEMENT NAME: PROCESSING INFORMATION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	Occurrences	REQUIRED
Institutional	1-155	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Group		
DEFINITION Field containing multiple elements that des processing related to the TED Record.			
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
Subordina	ate And/Or Grou	P ELEMENTS	
Subordinate		Gro	UP
OVERRIDE CODE TYPE OF SUBMISSION CA/NAS NUMBER CA/NAS REASON FOR ISSUA CA/NAS EXCEPTION REASON SPECIAL PROCESSING CODE		N/.	A
PRICING RATE CODE			

NOTES AND SPECIAL INSTRUCTIONS:



¹ Required if applicable to TED Record conditions.

ELEMENT N.	ANAE+ [DOWIDED (NIDI I	MUMBED
ELFINIFINI IN	AIME: F	² ROVIDER (JKOUP	INPLI	INUMBER

RECORDS/LOCATOR NUMBERS

LOCATOR#	OCCURRENCES	REQUIRED
1-215		
2-230		
Ten (10) alphanumeric characters.		
Reserved for future use.		
N/A		
N/A		
IATE AND/OR GROU	IP ELEMENTS	
	Gro	UP
	N/.	A
	1-215 2-230 Ten (10) alphanu Reserved for fut N/A N/A	1-215 2-230 Ten (10) alphanumeric characters. Reserved for future use. N/A

NOTES AND SPECIAL INSTRUCTIONS:





ELEMENT NAME: PROVIDER INDIVIDUAL NPI NUMBER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-210		
Non-Institutional	2-225		
PRIMARY PICTURE (FORMAT)	Ten (10) alphanu	ımeric characters.	
DEFINITION	Reserved for fut	ure use.	
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDIN	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	UP
N/A		N/A	A

Notes and Special Instructions: N/A



ELEMENT NAME:	PROVIDER NET	TWORK STATUS	INDICATOR
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RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-230	1	Yes	
Non-Institutional	2-265	Up to 99	Yes	
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.			
DEFINITION	Code indicating whether the provider is a network or non-network provider.			
CODE/VALUE SPECIFICATIONS	1	Network Provider		
	2	Non-Network Pro	vider	
ALGORITHM	N/A			
SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP	
N/A	N/A N/A			

NOTES AND SPECIAL INSTRUCTIONS:

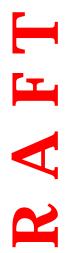


ELEMENT NAME: PROVIDER PARTICIPA RECO	ORDS/LOCATOR NU	IMBERS		
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional 1-225 1 Yes				
Non-Institutional	2-260	Up to 99	Yes	
PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.				
DEFINITION	N Code indicating whether or not the provider accepted assignment of benefits for services rendered.			
CODE/VALUE SPECIFICATIONS	Y	Yes		
	N	No		
ALGORITHM	N/A			
SUBORDINA	ATE AND/OR GRO	UP ELEMENTS		
Subordinate	E GROUP		UP	
N/A		N/.	A	

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-255	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	Ten (10) alphanumeric characters.		
DEFINITION	Code describing the provider's specialty.		
CODE/VALUE SPECIFICATIONS	Refer to Chapter 2, Addendum C.		
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GROU	P ELEMENTS	
Subordinate		Gro	UP
N/A		N/A	A

NOTES AND SPECIAL INSTRUCTIONS: N/A



RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-195	1	Yes
Non-Institutional	2-235	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	Three (3) alphanumeric characters.		
DEFINITION	Code assigned to identify the state or foreign country in which the care was received . State Code must be left justified and blank fill to right.		
CODE/VALUE SPECIFICATIONS	Chapter 2, Addendum A and Addendum B.		
ALGORITHM	N/A		
SUBORDIN	ATE AND/OR GROU	JP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A
Notes And Special Instructions:			

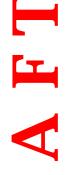


ELEMENT NAME:	Provider 5	Sub-Identifier
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RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-205	1	Yes	
Non-Institutional	2-245	Up to 99	Yes	
PRIMARY PICTURE (FORMAT)	Four (4) alphanumeric characters.			
DEFINITION	Identification number that uniquely identifies multiple providers using the same Taxpayer Identification Number (TIN). Refer to provider filing instructions.			
CODE/VALUE SPECIFICATIONS	Assigned as per TRICARE instructions. Must be zero-filled if there are no multiple providers within the TIN.			
ALGORITHM	N/A			
SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP	
N/A		N/	A	

NOTES AND SPECIAL INSTRUCTIONS:





RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Institutional Non-Institutional	1-200 1 Yes 2-240 Up to 99 Yes				
PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.				
DEFINITION		er Identification Num institution/provider s			
CODE/VALUE SPECIFICATIONS	S For institutions must be 9-digit Employer Identification Number (EIN). For individual providers should be the 9-digit EIN or SSN, if available. If not available, report the contractor-assigned number. (Refer to Provider File data element Provider Taxpayer Number 3-005 in the provider record for instructions). Report all nines for transportation services under Program for Persons with Disabilities and for Drug Program when the services are from a non-participating pharmacy.				
	assigned number element Provide provider record transportation s with Disabilities	available, report the ear. (Refer to Provider in Taxpayer Number in for instructions). Repervices under Programs and for Drug Programs.	contractor- File data 3-005 in the oort all nines for m for Persons am when the		
ALGORITHM	assigned number element Provide provider record transportation s with Disabilities	available, report the ear. (Refer to Provider in Taxpayer Number in for instructions). Repervices under Programs and for Drug Programs.	contractor- File data 3-005 in the oort all nines for m for Persons am when the		
	assigned number element Provide provider record transportation s with Disabilities services are from	available, report the er. (Refer to Provider Er. (Refer to Provider Er. Taxpayer Number For instructions). Repervices under Programs and for Drug Programs a non-participating	contractor- File data 3-005 in the oort all nines for m for Persons am when the		
	assigned number element Provider provider record transportation s with Disabilities services are from N/A	available, report the er. (Refer to Provider Er. (Refer to Provider Er. Taxpayer Number For instructions). Repervices under Programs and for Drug Programs a non-participating	contractor- File data 3-005 in the port all nines for m for Persons am when the pharmacy.		

ELEMENT NAME:	Provider Zip	Code
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RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-220	1	Yes	
Non-Institutional	2-250	Up to 99	Yes	
PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.			
DEFINITION	Location of provider's business office where care is usually provided.			
CODE/VALUE SPECIFICATIONS	Must be a valid 5 or 9 digit zip code. If only 5 digits, left justify and blank fill to right. If a foreign country, must be 3 character foreign country code, left justify and blank fill to right. Refer to Chapter 2, Addendum A.			
ALGORITHM	N/A			
SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP	
N/A		N/	A	

NOTES AND SPECIAL INSTRUCTIONS:





Chapter 2 Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

DATA ELEMENT DEFINITION

Reco	ORDS/LOCATOR NU	JMBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional Non-Institutional	1-150 2-215	1 Up to 99	No No
PRIMARY PICTURE (FORMAT)	Two (2) alphanu	umeric ¹ characters.	
DEFINITION		e used to determine the transfer of the interest paymer rchy.	
	A	Claims pended at direction that the C specifically directe to hold for an extentime. These will proclaims pending a F Integrity investigation government is fiscifor any interest).	Government I d the contrace nded period rimarily be Program tion (the
	В	Claims requiring Government intervention (the government is fiscally responsible for any interest).	
	С	Claims requiring d potential third-par government is fisc for any interest).	ty liability (T

Last Changed on 09/18/2001

ELEMENT NAME: REASON FOR INTEREST	ST PAYM	ENT (CONT	INUED)
DEFINITION (CONTINUED)		D	Claims requiring an action/ interface with another prime contractor (the contractor is fiscally responsible for any interest).
		Е	Claims retained by the contractor that do not fall into one of the above categories (the contractor is fiscally responsible for any interest).
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
Subordin	ate A nd	OR GROU	JP ELEMENTS
Subordinate			GROUP
			N/A



ELEMENT	MAME.	RECORD I	VDF	INDICATOR
LLEIVIEINI	INAIVIE.	NECONI) I		HVIJIC AICJR

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional Non-Institutional	1-001 2-001	1 1	Yes ¹ Yes ¹	
PRIMARY PICTURE (FORMAT)	One (1) alphanu	One (1) alphanumeric character.		
DEFINITION	ION Code to indicate the type of record.			
CODE/VALUE SPECIFICATIONS	ons 1 Institutional			
	2	Non-Institutional		
ALGORITHM	N/A			
SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP	
N/A		N/A	A	

NOTES AND SPECIAL INSTRUCTIONS:

1 Refer to the Chapter 2, Section 1.2, paragraph 1.0. for further instructions.

ELEMENT NAME: REGION INDICATOR						
RECORDS/LOCATOR NUMBERS						
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED			
Institutional Non-Institutional	1-112 2-303	1 Up to 99	Yes Yes			
PRIMARY PICTURE (FORMAT)	Two (2) alphanu	umeric character.				
DEFINITION	Region Indicator is the region of the Managed C Support Contractor responsible for the care provided.					
CODE/VALUE SPECIFICATIONS	Region 1	Northeast				
	Region 2	Mid-Atlantic				
	Region 3	Southeast				
	Region 4	Gulfsouth				
	Region 5	Heartland				
	Region 6	Southwest				
	Region 7	Central				
	Region 8	Central				
	Region 9	Southern Californi	a			
	Region 10	Golden Gate				
	Region 11	Northwest				
	Region 12	Hawaii/Alaska				
	Region 13	Europe				
	Region 14	Pacific				
	Region 15	Latin America & C (including the Car				
ALGORITHM	N/A					
Subordin	ATE AND/OR GRO	UP ELEMENTS				
Subordinate		Gro	UP			
N/A		N/	A			
NOTES AND SPECIAL INSTRUCTIONS: Left justify and blank fill.						

ELEMENT	NAME:	REVENUE	CODE
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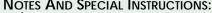
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-385	Up to 999	Yes ¹	
PRIMARY PICTURE (FORMAT)	DRMAT) Four (4) alphanumeric characters.			
DEFINITION	Code which identifies revenue categories associated with the type of service rendered. Like revenue code should be summarized to one occurrence for reporting on the TED Record. Room and board revenue codes can be summarized if the code and rate are the same. Denied revenue codes must be reported on separate occurrence(s) within the TED Record.		e revenue codes ence for and board the code and des must be	
CODE/VALUE SPECIFICATIONS	Use UB-92 rever	nue codes.		
ALGORITHM	ітнм N/A			
SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate	Subordinate Group			
N/A		N/	A	



NOTES AND SPECIAL INSTRUCTIONS:

1 All Revenue codes must be reported for each TED Record.

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-350 1-370	5	Yes ¹	
PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.			
DEFINITION	Codes identifying the procedures, other than the principal procedure, performed during the period covered by the TED Record.			
CODE/VALUE SPECIFICATIONS	Refer to International Classification of Diseases - Clinical Modification, Edition 9, Volume 3, for valid ICD-9-CM Operation/Non-surgical codes. Must code the most detailed procedure. Must be left justified and blank filled.			
ALGORITHM	N/A			
SUBORDIN	SUBORDINATE AND/OR GROUP ELEMENTS			
Subordinate		Gro	DUP	
N/A		N/	A	



NOTES AND SPECIAL INSTRUCTIONS:

1 Required if available.

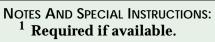






ELEMENT NAME:	SECONDARY	TREATMENT	DIAGNOSIS
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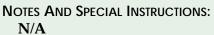
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional Non-Institutional	1-305 1-340 2-120 2-135	8 4	Yes ¹ Yes ¹
PRIMARY PICTURE (FORMAT)	Six (6) alphanum	eric characters.	
DEFINITION	TION Code corresponding to additional conditions that exist at the time of admission or during the treatm encounter.		
CODE/VALUE SPECIFICATIONS	as directed by TM	rent diagnoses editi IA. Must code the n must be left justifie	nost detailed
ALGORITHM	N/A		
Subordin	ATE AND/OR GROUP	ELEMENTS	
Subordinate		Gro	DUP
N/A		N/	A







RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-025	1	Yes	
Non-Institutional	2-025	1	Yes	
PRIMARY PICTURE (FORMAT)	Seven (7) alphar	numeric characters.		
DEFINITION	A sequential number assigned by the contractor to identify the individual TED Record. Once assigned, the sequence number cannot be re-used with the same Filing Date and Filing State/Country.			
CODE/VALUE SPECIFICATIONS	The sequential identifying number assigned by the contractor.			
ALGORITHM	ı N/A			
SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate	TE GROUP			
N/A	N/A INTERNAL CONTROL NUMI			









ELEMENT NAME: **SOURCE OF ADMISSION**

RECORDS/LOCATOR NUMBERS					
RECORD NAME		LOCATOR#	OCCURRENCES	REQUIRED	
Institutional		1-260	1	Yes	
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.				
DEFINITION	Code indicating admission referral source.				
CODE/VALUE SPECIFICATIONS	SOURCE OF ADMISSION CODES				
	1	1 Physician The patient was admitted to the Referral facility upon the recommendate of his or her personal physician		ecommendation	
	2	Clinic Referral	The patient was admitted to thi facility upon recommendation of this facility's clinic physician.		
	3	HMO Referral	of a health maintenance organization physician. The patient was admitted to the facility as a transfer from an accare facility where he or she was an inpatient. The patient was admitted to the facility as a transfer from a skill general mursing facility where he or she was an inpatient. The patient was admitted to the was an inpatient. The patient was admitted to the facility as a transfer from a heaccare facility other than an acute		
	4	Transfer from a Hospital			
	5	Transfer from a Skilled Nursing Facility			
	6	Transfer from another Health Care Facility			
	7 Emergency The patient was admitted to the facility upon the recommendate of this facility's emergency rephysician.		ecommendation		

NOTES AND SPECIAL INSTRUCTIONS:

For complete claim denials when the appropriate value is not available use code '9'. Use this coding structure when the TYPE OF ADMISSION = '4' (NEWBORN).

ELEMENT NAME: SOURCE OF ADMISS	ION (CONTINUED)	
CODE/VALUE SPECIFICATIONS (CONTINUED)	8 Court/Law Enforcement	The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
	9 Information Not Available	The means by which the patient was admitted to this hospital is not known.
	Code	STRUCTURE FOR NEWBORN ¹
	1 Normal Delivery	A baby delivered without complications.
	2 Premature Delivery	A baby delivered with time and or weight factors qualifying it for premature status.
	3 Sick Baby	A baby delivered with medical complications, other than those relating to premature status.
	4 Extramural Birth	A newborn born in a non-sterile environment.
ALGORITHM	N/A	
Subordin	ate And/Or Grou	P ELEMENTS
Subordinate		GROUP
N/A		N/A

NOTES AND SPECIAL INSTRUCTIONS:

For complete claim denials when the appropriate value is not available use code '9'.

1 Use this coding structure when the TYPE OF ADMISSION = '4' (NEWBORN).

ELEMENT NAME: SPECIAL PROCESSING CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional Non-Institutional	1-185 2-305	4 4/Up to 99	Yes ¹ Yes ¹
PRIMARY PICTURE (FORMAT)	Four occurrences of two (2) alphanumeric characters per line items for non-institutional.		meric characters
DEFINITION	Code indicating	care that requires sp	ecial processing.
CODE/VALUE SPECIFICATIONS	0	Hospice Non-Affi	liated Provider
	1	Medicaid	
	3	Allogeneic Bone M Recipient (Wilford only)	
	4	Allogeneic Bone N (Wilford Hall refe	
	5	Liver Transplant (; 03/01/1997, or ((> and < 09/01/1999	02/19/1998
	6	Home Health Care Institutional Only	•
	7	Heart Transplant	
	10	Active Duty Cost- Ambulatory Surge Professional Clain	ery Taken From
	11	Hospice	
	12	Capitated Arrange	ements

NOTES AND SPECIAL INSTRUCTIONS:

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- ¹ Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- ² This code is to be used for services provided in a designated STS Facility on or after 03/01/1997.
- ³ Not-At-Risk Payment By Contractor.
- ⁴ Part of the claim can be processed as at-risk and part as not-at-risk.
- ⁵ Whenever special processing code = 'E', (grandfathered HHC claims) is coded, then special processing code 'CM' must also appear.

ELEMENT NAME: SPECIAL PROCESSING C	CODE (CONTIN	NUED)
CODE/VALUE SPECIFICATIONS (CONTINUED)	14	Bone Marrow Transplants - TMA Approved
	16	Ambulatory Surgery Facility Charge
	A	Partnership Program (Internal Providers with signed agreements)
	${ m E}^5$	Grandfathered from Home Health Care/Case Management (HHC/ CM) Demonstration (After 03/15/ 1999, Grandfathered into the Individual Case Management Program)
	Q	Active Duty Delayed Deductible
	R	Medicare/TRICARE Dual Entitlement
	S	Resource Sharing External
	Т	Medicare/TRICARE Dual Entitlement (normal COB processing)
	U	BRAC Medicare Pharmacy (Section 702) claim (Terminated 04/01/2001)
	V	At-risk payment by claims processor
	W^3	Not-At-Risk payment by at-risk claims processor

- ¹ Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- ² This code is to be used for services provided in a designated STS Facility on or after 03/01/1997.

 Not-At-Risk Payment By Contractor.
- ⁴ Part of the claim can be processed as at-risk and part as not-at-risk.
- ⁵ Whenever special processing code = 'E', (grandfathered HHC claims) is coded, then special processing code 'CM' must also appear.



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ELEMENT NAME:	SPECIAL PROCESSING (CODE (CONTIN	UED)
CODE/V	ALUE SPECIFICATIONS (CONTINUED)	X	Partial hospitalization - provider not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program
		Y	Heart-Lung Transplant
		Z	Kidney Transplant
		AB^3	Abused Dependent of Discharged or Dismissed Member, Not-At- Risk Payment of Contractor (Effective 07/28/1999)
		AD^3	Foreign Active Duty Claims (Effective 06/30/1996)
		AN^3	Supplemental Health Care Program - Non-MTF-Referral Care (Effective 10/01/1999 through 06/01/2001)
		AR^3	Supplemental Health Care Program - Referred Care ³ (Effective 10/01/1999 through 06/01/2001)
		BD	Bosnia Deductible (Effective 12/08/1995)
		CA	Civil Action Payment (Effective 07/01/1999)
		CE ³	Supplemental Health Care Program - Comprehensive Clinical Evaluation Program (Effective 10/01/1999)

- 1 Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- ² This code is to be used for services provided in a designated STS Facility on or after 03/01/1997.
- ³ Not-At-Risk Payment By Contractor.
- ⁴ Part of the claim can be processed as at-risk and part as not-at-risk.
- ⁵ Whenever special processing code = 'E', (grandfathered HHC claims) is coded, then special processing code 'CM' must also appear.

ELEMENT NAME: SPECIAL PROCESSING C	ODE (CONTIN	IUED)
CODE/VALUE SPECIFICATIONS (CONTINUED)	CM ⁴	Individual Case Management Program (ICMP) Claims (Effective 03/15/1999)
	EU	Emergency Services Rendered by an Unauthorized Provider (Effective 06/01/1999)
	FF^3	TRICARE for Life (First Payor) (Effective 10/01/2001)
	FS^3	TRICARE for Life (Second Payor) (Effective 10/01/2001)
	GF	TRICARE Eligible Family Member Residing with a TPR Eligible Active Duty Service Member (Effective 10/30/2000)
	GU^3	Active Duty Service Member enrolled in TRICARE Prime Remote (Effective 10/01/1999)
	КО	Allied Forces - Kosovo (Effective 06/01/1999)
	МН	Mental Health Active Duty Cost- Share
	MS^3	TRICARE - Senior Prime (Network) (Effective 01/01/1998 through 12/31/2001)
	MN ³	TRICARE - Senior Prime (Non-Network) (Effective 01/01/1998 through 12/31/2001)

- ¹ Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- ² This code is to be used for services provided in a designated STS Facility on or after 03/01/1997.
- Not-At-Risk Payment By Contractor.
 Part of the claim can be processed as at-risk and part as not-at-risk.
- ⁵ Whenever special processing code = 'E', (grandfathered HHC claims) is coded, then special processing code 'CM' must also appear.

ELEMENT NAME:	SPECIAL PROCESSING O	CODE (CONTIN	IUED)
CODE/V	ALUE SPECIFICATIONS (CONTINUED)	${ m PD}^3$	Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)
		PF	Program for Persons with Disability
		PO	TRICARE Prime - Point of Service
		RI	Resource Sharing Internal
		SC^3	Supplemental Health Care Program - Non-TRICARE Eligible (Effective 10/01/1999)
		SE ³	Supplemental Health Care Program - TRICARE Eligible (Effective 10/01/1999)
		SM^3	Supplemental Health Care Program - Emergency (Effective 10/01/1999)
		SN ³	TRICARE Senior Supplement (Non-Network) (Effective 04/01/1999)
		SP ⁴	Special/Emergent Care (Effective 06/01/1999)
		SS^3	TRICARE Senior Supplement (Network) (Effective 04/01/1999)
		ST^2	Specialized Treatment
		WR	Mental Health Wraparound Demonstration

ALGORITHM N/A

NOTES AND SPECIAL INSTRUCTIONS:

RAFI

- ¹ Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- ² This code is to be used for services provided in a designated STS Facility on or after 03/01/1997.
- ³ Not-At-Risk Payment By Contractor.
- ⁴ Part of the claim can be processed as at-risk and part as not-at-risk.
- ⁵ Whenever special processing code = 'E', (grandfathered HHC claims) is coded, then special processing code 'CM' must also appear.

ELEMENT NAME: SPECIAL PROCESSING CODE (CONTINUED) SUBORDINATE AND/OR GROUP ELEMENTS SUBORDINATE GROUP N/A PROCESSING INFORMATION

- ¹ Required if TED Record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters. Left justify and blank fill.
- ² This code is to be used for services provided in a designated STS Facility on or after 03/01/1997.
- Not-At-Risk Payment By Contractor.
 Part of the claim can be processed as at-risk and part as not-at-risk.
- ⁵ Whenever special processing code = 'E', (grandfathered HHC claims) is coded, then special processing code 'CM' must also appear.



ELEMENT NAME:	Sponsor Bra	ANCH OF SERVICE
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RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-060	1	Yes ¹
Non-Institutional	2-055	1	Yes ¹
PRIMARY PICTURE (FORMAT)	One (1) alphanu	umeric character.	
DEFINITION	-	ormed Service Branch Download field from I	
CODE/VALUE SPECIFICATIONS	A	Army	
	С	CHAMPVA (Deni Claims Only After	
	E	Public Health Serv	
	F	Air Force	
	I	NOAA	
	M	Marines	
	N	Navy	
	P	Coast Guard	
ALGORITHM	N/A		
Subordin	ate And/Or Gro	UP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A

¹ If unavailable from DEERS, report branch of service from the claim or treatment encounter data. 'X' and "Z" are not allowed. For NATO claims, the code/value that reflects the sponsoring military service of the NATO member shall be used and "Sponsor Status" shall be reported as "T".

ELEMENT NAME: Sponsor Pay Grade

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-055	1	Yes ¹
Non-Institutional	2-290	Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT)	Two (2) alphant from DEERS.	umeric characters. Do	wnload field
DEFINITION	Sponsor's pay g	grade.	
CODE/VALUE SPECIFICATIONS	01 - 09	Enlisted (El - E9)	
	11 - 15	Warrant Officer (V	V1 - W5)
	19	Academy or Navy	OCS Students
	20	Unknown Officer	
	21 - 31	Officer (O1 - O11)	
	41 - 58	GS1 - GS18	
	90	Unknown (includ	ng NATO)
	95	Not Applicable	
	99	Other	
ALGORITHM	N/A		
Subordin	ate And/Or Gro	UP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A

¹ For TED Records reporting services under Program for Persons with Disabilities, Sponsor Pay Grade must be one of the following 01-09, 11-15, or 21-31. For complete claim denials when the appropriate value is not available use code 90.

ELEMENT NAME:	SPONSOR SOCIAL	L SECURITY NUMBER
---------------	----------------	-------------------

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-050	1	Yes
Non-Institutional	2-050	1	Yes
PRIMARY PICTURE (FORMAT)	Nine (9) alphanu	ımeric characters.	
DEFINITION	-	ecurity number as ve ad field from DEERS	0
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GROU	P ELEMENTS	
Subordinate		Gro	UP
N/A		N/A	A

NOTES AND SPECIAL INSTRUCTIONS:

Must be numeric or blank.





OCCURRENCES

REQUIRED

DATA ELEMENT DEFINITION

ELEMENT	NAME.	SPONSOR :	STATUS
LLLIVILIAI		JI ONJOK	σ

RECORD NAME

RECORDS/LOCATOR NUMBERS

LOCATOR#

Institutional	1-065	1	Yes ¹
Non-Institutional	2-285	Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT)	One (1) alphan	numeric character.	
DEFINITION	Code indicating current status of the sponsor at time the care was rendered, as verified through DEERS. Download field from DEERS.		
CODE/VALUE SPECIFICATIONS		ACTIVE DUTY	
	A	Active Duty	
	В	Recalled to Active	Duty
	J	Academy Student	/Navy OCS
	N	National Guard	
	Q	Prisoner/Appellat	e
	T	Foreign Military (I	NATO)
	V	Reserve	
		RETIRED	
	D	100% Disabled	
	F	Former Member	
	I	Permanently Disal	oled
	0	Temporarily Disab	oled
	R	Retired	
	W	Title III Retiree	
		Deceased	
	K	Deceased	
		OTHER	

NOTES AND SPECIAL INSTRUCTIONS:

 \mathbf{C}

Civilian

¹ NATO TED Records must be reported using code 'T' Foreign Military even though DEERs includes them in code 'X' other. For complete claim denials when the appropriate value is not available use code Z.

ELEMENT NAME: SPONSOR STATUS (C	CONTINUED)	
CODE/VALUE SPECIFICATIONS (CONTINUED)	Н	Medal of Honor
	P	TAMP Designee
	X	Other
	Z	Unknown
ALGORITHM	N/A	
SUBORDIN	ATE AND/OR GROU	P ELEMENTS
Subordinate		GROUP
N/A		BENEFICIARY CATEGORY

¹ NATO TED Records must be reported using code 'T' Foreign Military even though DEERs includes them in code 'X' other. For complete claim denials when the appropriate value is not available use code Z.

CHAPTER 2 SECTION 2.9

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (T - Z)

DATA ELEMENT DEFINITION

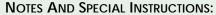
Reco	ORDS/LOCATOR Nu	MBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-005	1	Yes
Non-Institutional	2-005	1	Yes
PRIMARY PICTURE (FORMAT)	Group		
Definition		multiple elements th ICARE Encounter D	
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
Subordin	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	UP
INTERNAL CONTROL NUMB TIME STAMP ADJUSTMENT KEY	ER	N/	A



N/A

ELEMENT NAME: TIME STAMP

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-030	1	Yes ¹
Non-Institutional	2-030	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric characters.		
DEFINITION	Unique system time assigned by the claims processor's computer system when issuing an initial TED Record record.		
CODE/VALUE SPECIFICATIONS	Issued in MMSSI	HH (Minutes, Secon	ds, Hundredths)
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GROU	P ELEMENTS	
Subordinate		Gro	DUP
N/A		TED RECORD	INDICATOR



System Time that is issued only on initial TED Record record. Used as part of the TRICARE Encounter Data (TED) Record Indicator field for unique key definition. TYPE OF SUBMISSION A, C, and F TED Records should be submitted using the same Time value as the initial TED Record. An initial TYPE OF SUBMISSION B TED Record should be submitted with a unique Time value. Any subsequent TYPE OF SUBMISSION B records for the same TED should be submitted with the same Time value as the initial. A TYPE OF SUBMISSION E TED Record, for which there has never been a TYPE OF SUBMISSION B TED Record submitted, should contain a unique Time value. A TYPE OF SUBMISSION E TED Record for which there has been an initial TYPE OF SUBMISSION B record submitted should use the same Time value as the initial record.

ELEMENT	NAME:	TOTAL	CHARGE	By REVENUE	CODE
LLCIVICINI	INAIVIE.	IUIAL	CHARGE	DI REVENUE	CODE

RECORDS/LOCATOR NUMBERS

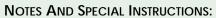
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-395	Up to 999	Yes	
PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.			
DEFINITION	Amount billed for this revenue code.			
CODE/VALUE SPECIFICATIONS	Must be equal to or less than 999,999.99 unless Revenue Code 001 which must be equal to or less than 9,999,999.99.			
ALGORITHM	N/A			
Subordina	SUBORDINATE AND/OR GROUP ELEMENTS			
Subordinate		Gro	OUP	
N/A		N/	A	

Notes And Special Instructions: N/A



ELEMENT NAME: TOTAL OCCURRENCE/LINE ITEM NUMBER

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-375	1	Yes
Non-Institutional	2-140	1	Yes
PRIMARY PICTURE (FORMAT)	Three (3) signed	numeric digits.	
DEFINITION	Institutional: The number of sets of revenue codes and related data elements that occur on the record.		
		al: The number of se d utilization data eler	
CODE/VALUE SPECIFICATIONS	Institutional: Must be greater than 0 and not more than 999.		
	Non-Institution more than 99 ¹ .	al: Must be greater th	nan 0 and not
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
Subordinate		Gro	UP
N/A	N/A		



¹ This is a 3 digit field to allow for growth. However, the TED value for this field cannot exceed 99.

TYPE OF BILL

DATA ELEMENT DEFINITION

DA.	AIA ELEMENI DEFINII	ION			
ELEMENT NAME: TYPE OF ADMISSION					
RECORDS/LOCATOR NUMBERS					
RECORD NAME	E LOCATOR# OCCURRENCES REQUIRED				
Institutional	1-255	1	Yes		
PRIMARY PICTURE (FORMAT)	One (1) alphanu	meric character.			
DEFINITION	DEFINITION A code indicating the type of this admission.				
CODE/VALUE SPECIFICATIONS	The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room.				
	2 Urgent	The patient requirattention for the catreatment of a phydisorder. Generally admitted to the firsuitable accommo	are and size or mental sy the patient is standard and standard and standard and series.		
	3 Elective	The patient's condition permits adequate time to schedule the availability of a suitable accommodation.			
	4 Newborn	Use of this code no use of special SOU ADMISSION code Must not be used	RCE OF s (1 through 4).		
ALGORITHM	N/A				
Subordin	ate And/Or Grou	P ELEMENTS			
Subordinate		Gro	UP		

NOTES AND SPECIAL INSTRUCTIONS:

N/A

For complete claim denials when the appropriate value is not available use code 3.

ELEMENT NAME: TYPE OF BILL			
Reco	ORDS/LOCATOR NU	MBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-245	1	Yes
PRIMARY PICTURE (FORMAT)	Group		
DEFINITION		ns multiple elements ent's stay in the instit	
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
Subordin	ATE AND/OR GROU	JP ELEMENTS	
Subordinate		Gro	UP
FREQUENCY CODE TYPE OF ADMISSION		N/.	A
Notes And Special Instructions: N/A			

N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: Type Of Institution					
RECORDS/LOCATOR NUMBERS					
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Institutional	1-235	1	Yes		
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters required.					
DEFINITION A code describing the type of institution for institutional providers.					
CODE/VALUE SPECIFICATIONS	Refer to Chapter	r 2, Addendum D.			
ALGORITHM	ALGORITHM N/A				
SUBORDINA	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP		



N/A



DRAFT

DATA ELEMENT DEFINITION

ELEMENT NAME: Type Of Service

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	Required	
Non-Institutional	2-280	Up to 99	Yes	
PRIMARY PICTURE (FORMAT)	Two (2) alphanu	ımeric characters.		
DEFINITION	Code to indicate	e the type of service p	orovided.	
CODE/VALUE SPECIFICATIONS	TYPE OF S	Type of Service - First Position Values		
	A	Ambulatory surge as inpatient (Activ members only)		
	С	Air Force CAM primary/ preventive outpatient care (Effective prior to 04/1997)		
	I	Inpatient		
	K	Emergency Room shared as inpatien		
	M	Outpatient matern cost-shared as inp		
	N	Outpatient cost-sh inpatient	ared as	
	0	Outpatient, exclud	ling M, P, or N	
	P ¹ Outpatient partial psychiatric hospitalization care cost-shared inpatient			
	Type Of Service	CE CODES - SECOND P	OSITION V ALUES	
	1	Medical Care		
	2	Surgery		
	3	Consultation		
	4	Diagnostic/Thera	peutic X-Ray	

¹ The first position values of TYPE OF SERVICE is 'P', the second position must be 'H'.

² If the second position values TYPE OF SERVICE Code 'C' is used on TED Records for other than Active Duty family members. Do not report in conjunction with first position Code 'A'.

ELEMENT NAME:	Type Of Service (Con	ITINUED)	
CODE/VALUE SPECIFICATIONS (CONTINUED)		5	Diagnostic Laboratory
		6	Radiation Therapy
		7	Anesthesia
		8	Assistance at Surgery
		9	Other Medical Services & Supplies
		A	DME Rental/Purchase
		В	Drugs
		C^2	Ambulatory Surgery
		D	Hospice
		Е	Second Opinion on Elective Surgery
		F	Maternity
		G	Dental
		Н	Mental Health Care
		I	Ambulance
		J	Program for Persons with Disabilities
		K	Physical/Occupational Therapy
		L	Speech Therapy
	ALGORITHM N	I/A	
	Subordinate	AND/OR GR	OUP ELEMENTS
	SUBORDINATE		GROUP
	N/A		N/A

¹ The first position values of TYPE OF SERVICE is 'P', the second position must be 'H'.

² If the second position values TYPE OF SERVICE Code 'C' is used on TED Records for other than Active Duty family members. Do not report in conjunction with first position Code 'A'.

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-165	1	Yes ¹
Non-Institutional	2-100	1	Yes ¹
PRIMARY PICTURE (FORMAT)	One (1) alphan	umeric character.	
DEFINITION	Code indicating	g the TED Record sub	mission type.
CODE/VALUE SPECIFICATIONS	A	Adjustment to TE	D Record data
	B^2	Adjustment to noi (HCSR) data	n-TED Record
	С	Complete cancella Record data	tion of TED
	D	Complete contract TED Record subm	
	E ²	Complete cancella Record (HCSR) da	
	I	Initial TED Record	l submission
	О	Zero payment TEI 100% OHI	O Record due to
	R	Resubmission of a Record (TYPE OF was 'I') that was re errors	SUBMISSION
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GRO	OUP ELEMENTS	
Subordinate		GRO	OUP
N/A		PROCESSING IN	NFORMATION

¹ Non-TED Record codes 'B' and 'E' are to be used when reporting a cancellation or adjustment for a claim that was initially processed using HCSR Record format. Refer to Chapter 2, Section 1.2 for further instructions.

² Type Of Submission 'B' and 'E' are not valid if Beginning Date of Care is on or after 10/01/2006.

ELEMENT NAME: Units Of Service By Revenue Code

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	Required		
Institutional	1-390	Up to 999	Yes ¹		
PRIMARY PICTURE (FORMAT)	Seven (7) signed numeric digits.				
DEFINITION	The number of services rendered or number of days by revenue category.				
CODE/VALUE SPECIFICATIONS	N/A				
ALGORITHM	N/A				
SUBORDINATE AND/OR GROUP ELEMENTS					
Subordinate		Gro	OUP		
N/A		N/	A		

All revenue codes must be reported for each TED Record. For complete claim denials when the appropriate value is not available use code 1.

Chapter 2 Section 2.10

Data Requirements - Provider Record Data

DATA ELEMENT DEFINITION

ELEMENT NAME: AHA MULTI-HOSPITA	al System Code					
RECORDS/LOCATOR NUMBERS						
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED			
Provider	3-105	1	Yes ¹			
PRIMARY PICTURE (FORMAT)	Four (4) alphanu	umeric characters.				
DEFINITION	oital Association					
CODE/VALUE SPECIFICATIONS	Must be blank if	f provider is not an in	stitution.			
ALGORITHM	N/A					
SUBORDINATE AND/OR GROUP ELEMENTS						
Subordinate	Subordinate Group					
N/A N/A						

¹ Not required if provider is not an institution or part of a multi-hospital system. Otherwise, required if available.



ELEMENT NAME: AMERICAN HOSPITAL ASSOCIATION ID NUMBER

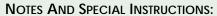
RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Provider	3-100	1	Yes ¹	
PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.			
DEFINITION	The identification number assigned to the institution by the American Hospital Association			
CODE/VALUE SPECIFICATIONS	CODE/VALUE SPECIFICATIONS Must be blank if provider is not an institution			
ALGORITHM	N/A			
SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate	GROUP			
N/A	N/A			



¹ Required if available.

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Provider	3-140	1	Yes ¹		
PRIMARY PICTURE (FORMAT)	Five (5) numeric digits, including four (4) decimal places.				
DEFINITION	Adjustment factored to the labor-related portion of the Adjusted Standardized Amount (ASA) to account for the differences in wages among geographic areas, based on the hospital's physical address, not billing address.				
CODE/VALUE SPECIFICATIONS	s N/A				
ALGORITHM	ım N/A				
Subordin	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	OUP		
N/A	N/A N/A				



¹ Zero fill for all non-institutional providers and all DRG-exempt institutional facilities not reimbursed using an Area Wage Index.





ELEMENT	MAME.	Δ_{DFA}	WAGE	INDEX	EFFECTIVE	DATE
LLCIVICINI	INAIVIE.		VVAGE	INDEV	LFFECTIVE	LUAIL

LOCATOR#	OCCURRENCES	Required				
3-145	1	Yes ¹				
Eight (8) alphanumeric characters, YYYYMMDD.						
Date the Area Wage Index or a change to the index became effective.						
YYYY	YYYY 4 digit calendar year					
MM	2 digit calendar month					
DD 2 digit calendar day						
ALGORITHM N/A						
SUBORDINATE AND/OR GROUP ELEMENTS						
	Gro	UP				
N/A N/A						
	3-145 Eight (8) alphan Date the Area W became effective YYYY MM DD N/A	3-145 1 Eight (8) alphanumeric characters, Y Date the Area Wage Index or a chang became effective. YYYY 4 digit calendar ye MM 2 digit calendar me DD 2 digit calendar da N/A ATE AND/OR GROUP ELEMENTS GRO				



Notes And Special Instructions:

1 Zero fill if not applicable.

ELEMENT NAME: CONTRACTOR NUM	BER				
Rec	RECORDS/LOCATOR NUMBERS				
RECORD NAME	RECORD NAME LOCATOR# OCCURRENCES REQUIRED				
Provider	3-020	1	Yes		
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.					
DEFINITION Identification code for the contractor. Used to identify each contractor submitting Provider File Records.					
CODE/VALUE SPECIFICATIONS	TMA assigned	contractor number.			
	03	TRICARE - Region	n 3/4		
	06	TRICARE - Region	n 6		
	07	TRICARE - Centra (Regions 7/8)	l Region		
	11	TRICARE - Region	n 11		
	25	TRICARE - Region	n 2/5		
	26	TRICARE - Region	n 1		
	45	Used to Update Pr Foreign Providers	ovider File - for		
	60	TRICARE - Region	n 9/10/12		
ALGORITHM	N/A				
Subordin	iate And/Or Gro	OUP ELEMENTS			
Subordinate		Gro	UP		
N/A		N/	Α		

NOTES AND SPECIAL INSTRUCTIONS:

ELEMENT NAME: DRG EXEMPT/NON-EXEMPT INDICATOR

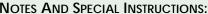
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-150	1	Yes1
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.		
DEFINITION	Indicates whether the institutional provider is exempted from the TRICARE/CHAMPUS DRG-based payment system.		
CODE/VALUE SPECIFICATIONS	С	DRG Non-exempt Reimbursement A	
	Е	DRG Exempt	
	N	DRG Non-exempt	
	Blank	Not applicable	
ALGORITHM	N/A		
Subordin	ate And/Or Gro	UP ELEMENTS	
Subordinate		Gro	UP
N/A		N/.	A

NOTES AND SPECIAL INSTRUCTIONS:

1 Report blank for all non-institutional providers.

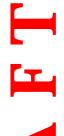
ELEMENT NAME: DRG EXEMPT/NON-EXEMPT INDICATOR EFFECTIVE DATE

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-155	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Eight (8) alphan	umeric characters, Y	YYYMMDD.
DEFINITION	Date the exempt/non-exempt status of the institutional provider became effective or a status change became effective.		
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ear
	MM	2 digit calendar m	onth
	DD	2 digit calendar da	ny
ALGORITHM	N/A		
SUBORDIN	ate And/Or Grou	JP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A



Notes And Special Instructions:

1 Zero fill for all non-institutional providers.

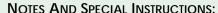






ELEMENT	NAME:	IDME RATIO
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RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-130	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Five (5) numeric places.	digits, including for	ır (4) decimal
DEFINITION	standardize the	n a hospital-specific charges for the cost e on factors for teachin	ffects of Indirect
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A



NOTES AND SPECIAL INSTRUCTIONS:

1 Zero fill for all non-institutional providers and all DRG-exempt institutional facilities not reimbursed using an IDME Ratio.



ELEMENT NAME: IDME RATIO EFFECTIVE DATE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-135	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Eight (8) alphan	umeric characters, Y	YYYMMDD.
DEFINITION	Date the IDME in became effective	ratio or a change to tl e.	ne IDME ratio
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ar
	MM	2 digit calendar m	onth
CODE/VALUE SPECIFICATIONS	DD	2 digit calendar da	ny
ALGORITHM	N/A		
SUBORDIN	ATE AND/OR GROU	JP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Zero fill for all non-institutional providers and DRG-exempt institutional providers.

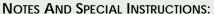






ELEMENT NAME: INSTITUTIONAL OR NON-INSTITUTIONAL INDICATOR

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-030	1	Yes ¹
PRIMARY PICTURE (FORMAT)	One (1) alpha	numeric character.	
DEFINITION	Code used to non-institutio	identify a provider as n.	an institution or
CODE/VALUE SPECIFICATIONS	I	Institution ¹	
	N	Non-Institution	
ALGORITHM	N/A		
SUBORDINA	ate And/Or Gr	OUP ELEMENTS	
Subordinate		Gro	OUP
N/A		N/	/A



An institution is any facility having the capability to retain a patient overnight, excluding Free Standing Birthing Centers and Free Standing Ambulatory Surgery Centers. In addition, if the institution provides professional services related to DRG claims and/or has clinics affiliated with it (using the same TIN), it must be reported as a 'Non-Institutional' provider, with indicator 'N'. Refer to the instructions under PROVIDER SUBIDENTIFIER for reporting.



ELEMENT NAME: MEDICARE NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-110	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Eight (8) alphani	umeric characters.	
DEFINITION	Number assigne	d to an institution by	Medicare.
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GROU	P ELEMENTS	
Subordinate		Gro	UP
N/A		N/.	A

NOTES AND SPECIAL INSTRUCTIONS:

Report blank for non-institutional and institutional providers not Medicareapproved or in a foreign country.

ELEMENT NAME:	Provider A	A CCEPTANCE	DATE
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RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-115	1	Yes
PRIMARY PICTURE (FORMAT)	Eight (8) alphan	umeric characters, Y	YYYMMDD.
DEFINITION		met criteria to provid ver qualified to provi	
CODE/VALUE SPECIFICATIONS	Must be valid da date of acceptan	ate YYYYMMDD. Sh ce.	ould be latest
ALGORITHM	N/A		
SUBORDINA	ate And/Or Grou	IP ELEMENTS	
Subordinate		Gro	UP
N/A		N/.	A

NOTES AND SPECIAL INSTRUCTIONS:

When submitting a provider record for a provider who has never met the criteria to provide services, the Provider Acceptance and Termination dates must be zero filled.



RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-040	1	Yes
Primary Picture (Format)	Group		
DEFINITION	Actual physical business.	location of the provi	der's place of
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
Subordin	ATE AND/OR GROU	JP ELEMENTS	
Subordinate		Gro	UP
PROVIDER STREET ADDRESS PROVIDER CITY PROVIDER STATE OR COUNT PROVIDER ZIP CODE	RY CODE	N/.	A

NOTES AND SPECIAL INSTRUCTIONS:



RECORDS/LOCATOR NUMBERS

LOCATOR#	OCCURRENCES	REQUIRED
3-065	1	Yes ¹
Group		
Billing mailing a	ddress of the TRICA	RE Provider.
Left justified and blank filled. Blank fill if not required. ¹		
N/A		
ATE AND/OR GROU	P ELEMENTS	
	Gro	UP
ORESS DUNTRY CODE	N/.	A
	3-065 Group Billing mailing a Left justified and required. N/A ATE AND/OR GROU	3-065 1 Group Billing mailing address of the TRICA Left justified and blank filled. Blank frequired. N/A ATE AND/OR GROUP ELEMENTS GROUP ELEMENTS

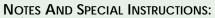
NOTES AND SPECIAL INSTRUCTIONS:



¹ Required only if different than Provider Address.

	ELEMENT	NAMF:	PROVIDER	BILLING	CITY
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RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-075	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Eighteen (18) alphanumeric characters.		
DEFINITION	City name for mailing address of TRICARE provider.		
CODE/VALUE SPECIFICATIONS	Left justified and blank filled. Blank fill if not required. 1		
ALGORITHM	N/A		
Subordin	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	DUP
N/A		PROVIDER BILL	ING ADDRESS



¹ Required only if different than Provider Address.

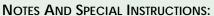






ELEMENT NAME: PROVIDER BILLING STATE OR COUNTRY CODE

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-080	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Three (3) alphanumeric characters.		
DEFINITION	State or country of provider's mailing address. State Code must be left justified and blank fill to right.		
CODE/VALUE SPECIFICATIONS	Refer to Chapter 2, Addendum A. Blank fill if not required. ¹		
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GROU	P ELEMENTS	
Subordinate		Gro	UP
N/A		PROVIDER BILL	ING ADDRESS



¹ Required only when different than Provider Address.



ELEMENT NAME: PROVIDER BILLING STREET ADDRESS

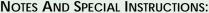
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-070	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Thirty (30) alphanumeric characters.		
DEFINITION	Billing mailing address of the provider. Can be street, P.O. Box or R. Route. Standard U.S. Postal Service abbreviations must be used.		
CODE/VALUE SPECIFICATIONS	Left justified and required. ¹	d blank filled. Blank i	fill if not
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	UP
N/A		PROVIDER BILL	ING ADDRESS

NOTES AND SPECIAL INSTRUCTIONS:

1 Required only if different than Provider Address.

ELEMENT NAME: PROVIDER BILLING ZIP CODE

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-085	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.		
DEFINITION	Zip code for provider mailing address.		
CODE/VALUE SPECIFICATIONS	Must be valid zip code or blank. Must be blank if not required. 1		
ALGORITHM	N/A		
SUBORDINA	ATE AND/OR GROU	P ELEMENTS	
Subordinate		Gro	DUP
N/A		PROVIDER BILL	ING ADDRESS



NOTES AND SPECIAL INSTRUCTIONS:

1 First five digits are required if different from Provider Address.



F	LEMENT	NAME:	PROVIDER	CITY
_	LLIVILIVI	INCHIVIL.	INCVIDEN	\sim 111

RECORDS/LOCATOR NUMBERS

RECORD NAME	Locator#	OCCURRENCES	REQUIRED
Provider	3-050	1	Yes
PRIMARY PICTURE (FORMAT)	Eighteen (18) alphanumeric characters.		
DEFINITION	City in which the provider of medical care is located.		
CODE/VALUE SPECIFICATIONS	Must be left justified and blank filled.		
ALGORITHM	N/A		
SUBORDIN	ATE AND/OR GROU	P ELEMENTS	
Subordinate	GROUP		UP
N/A		PROVIDER	ADDRESS
NOTES AND SPECIAL INSTRUCTIONS:			

Notes And Special Instructions: N/A



ELEMENT NAME:

DATA ELEMENT DEFINITION

PROVIDER CONTRACT AFFILIATION CODE

ELLIVIENT IVAIVIE. TROVIDER CONTRAC	AITEATION	OODL	
Reco	ORDS/LOCATO	r Numbers	
RECORD NAME	LOCATOR	# OCCURRE	nces Required
Provider	3-025 1 Yes		
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric.		
DEFINITION		ites whether the p th the contractor	provider is under
CODE/VALUE SPECIFICATIONS	0	Not applic	cable
	1	Contracted	d^1
	2	Not Contr	acted ¹
	3	Contracted	d/Not Contracted ¹
	4	Active Du	ty - TPR
	5		fied Providers (Does not nction/Suspended
ALGORITHM	N/A		
Subordin	ate A nd/ O r (GROUP ELEMENTS	
Subordinate			GROUP
N/A			N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Codes '1', '2' and '3' apply only to at-risk contractors and subcontractors. Report '0' if not an at-risk contractor. All codes are irrespective of any Partnership agreements.

ELEMENT NAME: PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-090	1	Yes
PRIMARY PICTURE (FORMAT)	Ten (10) alphanumeric characters.		
DEFINITION	Code describing a provider's major specialty for non- institutional TEDs or a code describing the type of institution for institutional TEDs. Type of Institution must be left justified and blank filled to the right.		
CODE/VALUE SPECIFICATIONS	Refer to Chapter 2, Addendum C for non-institutional provider specialty codes. Refer to Chapter 2, Addendum D for type of institution codes for Institutional TEDs.		codes. Refer to
ALGORITHM	N/A		
SUBORDIN	ATE AND/OR GROU	JP ELEMENTS	
Subordinate		Gro	OUP
N/A		N/	A

NOTES AND SPECIAL INSTRUCTIONS:







ELEMENT NAME: PROVIDER NAME			
Reco	ORDS/LOCATOR NU	MBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-035	1	Yes
PRIMARY PICTURE (FORMAT) Forty (40) alphanumeric characters.			
DEFINITION	Name of provid	er.	
CODE/VALUE SPECIFICATIONS Must be left justified and blank filled. If this field is person's name, it should be in the form of last nam first name, middle initial (each name should be separated by a comma with no space between the name). Do not use articles such as 'the,' 'A', 'An', et Use standard abbreviations such as 'St.' for Saint, 'Comm' for community, 'Hosp' for hospital, etc.			em of last name, should be between the e,' 'A', 'An', etc. St.' for Saint,
ALGORITHM	N/A		
Subordin	ate And/Or Grou	IP ELEMENTS	
Subordinate		Gro	UP
N/A		N/A	A
Notes And Special Instructions: N/A			

N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER STATE OR	COUNTRY CODE					
RECORDS/LOCATOR NUMBERS						
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED			
Provider	3-055	1	Yes			
PRIMARY PICTURE (FORMAT)	Three (3) alphanumeric characters.					
DEFINITION Code assigned to identify the state or foreign country in which the provider is physically located. State codes will be left justified and blank filled to the right.						
CODE/VALUE SPECIFICATIONS	NS Reference Chapter 2, Addendum A and Addendum B.					
ALGORITHM	м N/A					
SUBORDIN	SUBORDINATE AND/OR GROUP ELEMENTS					
Subordinate		Gro	DUP			

Notes And Special Instructions: N/A



ELEMENT NAME:	PROVIDER STREET	A DDRESS
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RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-045	1	Yes
PRIMARY PICTURE (FORMAT)	Thirty (30) alphanumeric characters.		
DEFINITION	Street address of an TMA provider's location. Standard U.S. Postal Service abbreviations must be used. P. O. Box may be used only for providers whose specialty code '05' (anesthesiology) or '30' (radiology) or '22' (pathology).		
CODE/VALUE SPECIFICATIONS	Must be left justified and blank filled.		
ALGORITHM	N/A		
Subordin	ATE AND/OR GROU	IP ELEMENTS	
Subordinate		Gro	UP
N/A		PROVIDER	ADDRESS
NOTES AND SPECIAL INSTRUCTIONS: N/A			







ELEMENT NAME:	ELEMENT NAME: PROVIDER SUB-IDENTIFIER				
RECORDS/LOCATOR NUMBERS					
RECO	rd N ame	LOCATOR# OCCURRENCES REQUIRED			
Pro	ovider	3-010 1 Yes			
PRIMAR	Y PICTURE (FORMAT)	Four (4) alphanumeric characters.			
	DEFINITION	I Identification number that uniquely identifies multiple providers using the same Taxpayer Identification Number (TIN).			
CODE/V	ALUE SPECIFICATIONS	S Must be blank-filled if there are no multiple providers within TIN and zip code. For noninstitutional providers including institutions that render non-institutional care (e.g., outpatient), no two Provider Subidentifiers may be the same within the same TIN and zip code. For clinics, subidentifier is assigned with an alpha character in first position followed by three numeric, sequentially assigned numbers. When the clinic itself is submitted (specialty code 70), the sequential number must always be 001. Individual providers within would then begin with 002 and so on, all having the same alpha character in the first position as on the clinic record. All other non-institutional providers must use numerics in all four characters of the subidentifier. Refer to the following examples.			
		Institutional provider subidentifiers are to be numeric and sequentially assigned within TIN. However, follow the requirements as shown in example below for reporting institutional providers as non-institutional for TEDs.			
	ALGORITHM	N/A			
	SUBORDINA	ate And/Or Gro	UP ELEMENTS		
	Subordinate	GROUP			
	N/A	N/A			

Notes and Special Instructions: $N/A \label{eq:N} % \left(A \right) = \left(A \right) \left(A \right)$

DRAFT

PROVIDER SUBIDENTIFIER EXAMPLE 1

Example: City Wide Clinic with a TIN of 123456789 has three locations in an area. They would be submitted to TMA in the following format:

TIN	ZIP CODE	Sub ID	Name	SPEC
123456789	12345	A001	City Wide Clinic 1	70
123456789	12345	A002	Doctor Jones	04
123456789	12345	A003	Doctor Smith	20
123456789	12345	A004	Doctor Brown	28
123456789	12345	A005	Doctor Doe	34
123456789	12345	B001	City Wide Clinic 2	70
199456790	19945	D009	Destan Water	01
123456789	12345	B002	Doctor Watson	01
123456789	12345	B003	Doctor Allen	28
123456789	54321	A001	City Wide Clinic 3	70
123456789	54321	A002	Doctor Peterson	02
123456789	54321	A003	Doctor Adams	05



Example: Township Hospital with a Taxpayer Identification Number (TIN) of 987654321 has two affiliated clinics in its area. In addition, Township Hospital provides outpatient services (e.g., emergency room, etc.). These provider records should be reported to TMA in the following manner:

TIN	ZIP CODE	I/N-I IND	SID	Name	SPEC
987654321	67890	N	0000	Township Hospital	99
987654321	67890	N	A001	Township Ear Nose & Throat Clinic	70
987654321	67890	N	A002	Dr. Jones	01
987654321	67890	N	A003	Dr. Smith	20
987654321	69116	N	A001	Township Surgeons Group	70
987654321	69116	N	A002	Dr. Cutter	02
987654321	69116	N	A003	Dr. Suture	33



ELEMENT NAME: PROVIDER TAXPAYER I	NIIIMRF	S
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RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Provider	3-005	1	Yes	
PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.			
DEFINITION	The IRS Taxpayer Identification Number assigned to the provider supplying the care.			
CODE/VALUE SPECIFICATIONS	For institutions must be 9-digit Employer Identification Number (EIN). For individual providers must be 9-digit EIN or SSN if EIN is not applicable. If not available, follow reporting requirements listed on next page.			
ALGORITHM	N/A			
SUBORDINA	SUBORDINATE AND/OR GROUP ELEMENTS			
Subordinate		Gro	DUP	
N/A		N/	A	

Provider Taxpayer Number Reporting Requirements

- 1. The contractor who is responsible for certifying the provider shall assign an Assigned Provider Number (APN) as outlined below when the actual Taxpayer Identification Number (TIN) of a provider is not available. The use of a contractor-assigned APN is restricted to the following situations:
 - A. The provider is located in a foreign country and does not have a TIN. If a foreign provider has a TIN, it is to be used. Otherwise, an APN is used regardless of whether the claim is to be paid or denied.
 - B. The provider does not meet TRICARE certification requirements or the contractor does not have substantial evidence that the provider meets the TRICARE certification requirements.
 - C. The contractor has substantial evidence that the provider meets the TRICARE certification requirements. In this case, the payment must be made to the beneficiary.
- 2. When neither the EIN nor the SSN is available for the provider and the provider is located in your contract area.

NOTES AND SPECIAL INSTRUCTIONS:

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (CONTINUED)

Note: Claims for care rendered by an institutional provider located in the United States must be processed with a valid EIN. Contractor-assigned provider numbers will not be allowed.

A. If the provider is located in a foreign country, the field is coded in the following manner.

Position 1 and 2 - The two character alpha abbreviation of the country in which the provider or institution is located (Chapter 2, Addendum A).

Position 3 thru 9 - A seven-digit sequential contractor assigned number. These numbers are to be permanently assigned to the provider.

Example: The first provider from Mexico will be coded MX0000001.

B. If the provider is not an institutional provider and is located in the United States, the field is coded in the following manner.

Position 1 and 2 - The two character numeric abbreviation of the state in which the provider or facility is located (Chapter 2, Addendum B).

Position 3 thru 9 - A seven-digit sequential contractor assigned number.

Example: The first provider from Maryland would be coded 24000001. Refer to instruction below, for exception.

- C. For Program for Persons with Disabilities, if the TED is for transportation via a privately owned vehicle (POV), do not assign an APN or submit a provider record.
- D. For the Drug Program when the services are from a non-participating pharmacy, do not assign an APN or submit a provider record.
- 3. If it is necessary to assign a number for a provider that is outside of your contract area, the number is assigned following all the above rules except the third high order digit must be an "A".

Example: If a beneficiary, whose care when traveling outside of your area is your responsibility, received care in Mexico, it will be coded MXA000001.

Note: These numbers, once assigned, will not be reassigned to another provider. Upon receipt of a valid EIN or SSN, inactivate the APN provider record and submit an'ADD' transaction for the actual TIN. After the TIN record is added, subsequent adjustments to the TEDs previously reported using an APN shall be reported with the current TIN and provider information.

NOTES AND SPECIAL INSTRUCTIONS:



ELEMENT NAME: PROVIDER TAXPAYER	Number Identifi	ER			
RECORDS/LOCATOR NUMBERS					
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Provider	3-015	15 1 Yes			
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric digit.				
DEFINITION	DEFINITION Code to identify the Provider Taxpayer Identificatio Number as being an EIN or SSN or contractor assigned.				
CODE/VALUE SPECIFICATIONS	E	Indicates "EIN"			
	S	Indicates "SSN" (institutional only)			
	A	Assigned by contr for non-institution when no payment provider, and pro- foreign countries	nal providers t is made to the viders from		
ALGORITHM	N/A				
Subordin	ate A nd/ O r G r	OUP ELEMENTS			
Subordinate		GRO	DUP		
N/A		N/A			



NOTES AND SPECIAL INSTRUCTIONS:

ELEMENT NAME: PROVIDER TERMINATION DATE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Provider	3-120	1	Yes ¹	
PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters, YYYYMMDD.			
DEFINITION	Date a provider is either suspended or terminated as a valid TRICARE provider (not to be used as the date a change was made to the file). If the provider was never qualified to provide services zero fill.			
CODE/VALUE SPECIFICATIONS	Must be valid date, YYYYMMDD. Zero fill if not applicable, or if provider acceptance date is zero filled.			
ALGORITHM	N/A			
SUBORDINA	SUBORDINATE AND/OR GROUP ELEMENTS			
Subordinate		Gro	UP	
N/A		N/	A	

NOTES AND SPECIAL INSTRUCTIONS:



¹ Required if update is to suspend or terminate a provider.

ELEMENT NAME: PROVIDER ZIP COD	DE		
REG	CORDS/LOCATOR NUI	MBERS	
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
			1

Provider	3-060	1	Yes ¹	
PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.			
DEFINITION	Zip code for provider's health care business location where the care was provided. The first five digits ar used along with other 'key' elements to uniquely identify multiple providers using the same Provider Taxpayer Number.			
CODE/VALUE SPECIFICATIONS	Must be valid 5 or 9 digit zip code. If only 5 digits, left justify and blank fill. If a foreign country, must be 3 character foreign country code, left justify and blank fill. Refer to Chapter 2, Addendum A.			
ALGORITHM	n N/A			
SUBORDIN	ATE AND/OR GROUP	ELEMENTS		
Subordinate		G	ROUP	
N/A	N/A			

Notes And Special Instructions:

1 First 5 digits are required.

ELEMENT NAME	RECORD	Effective I	DATE
--------------	--------	-------------	------

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-165	1	Yes
PRIMARY PICTURE (FORMAT)	Eight (8) alphan	umeric characters, Y	YYYMMDD.
DEFINITION	Date to indicate record.	the effective date of	the data on this
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDIN	ate And/Or Grou	P ELEMENTS	
Subordinate		Gro	OUP
N/A		N/	A

NOTES AND SPECIAL INSTRUCTIONS:



F	IEMENIT	NAME:	RECORD	TVPF	INDICATOR
	LEIVIEINI	INAIVIE.	NECORD	ITEE	INDICATOR

RECORDS/LOCATOR NUMBERS

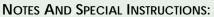
LOCATOR#	OCCURRENCES	REQUIRED
3-001	1	Yes
One (1) alphan	umeric character.	
Code to indicat	e the type of record.	
3	Provider	
N/A		
ate And/Or Gro	UP ELEMENTS	
	Gro	UP
	N/	A
	3-001 One (1) alphant Code to indicat 3 N/A	3-001 1 One (1) alphanumeric character. Code to indicate the type of record. 3 Provider N/A ATE AND/OR GROUP ELEMENTS GRO

Notes And Special Instructions: $N/A \label{eq:notes}$



ELEMENT NAME: RURAL/URBAN INDICATOR

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-125	1	Yes ¹
PRIMARY PICTURE (FORMAT)	One (1) alphanu	ımeric character.	
DEFINITION		CG amount calculation ated in a rural or urb	
CODE/VALUE SPECIFICATIONS	L	Large Urban	
	R	Rural	
	U	Urban	
	Ŗ	Not applicable	
ALGORITHM	N/A		
SUBORDINA	ate And/Or Grou	JP ELEMENTS	
Subordinate		Gro	UP
N/A		N/.	A



¹ Report blank for all non-institutional providers and all DRG-exempt institutional facilities not reimbursed using a Rural/Urban Indicator.













ELEMENT	TRANSACTION	

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Provider	3-160	1	Yes ¹
Primary Picture (Format)	One (1) alphar	numeric character.	
DEFINITION	Code used to i on the record.	dentify type of process	sing to be done
CODE/VALUE SPECIFICATIONS	A	Add a record	
	M	Modify a record	
	I	Inactivate a record	
ALGORITHM	N/A		
Subordina	ATE AND/OR GRO	OUP ELEMENTS	
Subordinate		Gro	UP
N/A		N/	A



Notes And Special Instructions:

A record must be on file to Modify or Inactivate. A record cannot be on file to do an Add.







N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: Type of Institution Code						
Reco	ORDS/LOCATOR N	JMBERS				
RECORD NAME	OCCURRENCES	Required				
Provider	3-095	1	Yes			
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.					
DEFINITION Code used to identify TYPE OF INSTITUTION as short or long term.						
CODE/VALUE SPECIFICATIONS	S	Short term				
	L	Long term				
ALGORITHM	N/A					
Subordin	SUBORDINATE AND/OR GROUP ELEMENTS					
Subordinate Group						

Notes and Special Instructions: N/A



Chapter 2 Section 2.11

DATA REQUIREMENTS - PRICING RECORD DATA

DATA ELEMENT DEFINITION

Reco	ORDS/LOG	CATOR NU	MBFRS	
				_
RECORD NAME	Loc	ATOR#	OCCURRENCES	REQUIRED
Pricing	Pricing 4-035 1 Yes ¹			Yes ¹
PRIMARY PICTURE (FORMAT)	One (1)	alphanu	ımeric character.	
DEFINITION	Code io	-	g the type of convers	ion factor by
CODE/VALUE SPECIFICATIONS		A	Anesthesia Conve	ersion Factor
		В	By report (no convarea prevailing)	version factor, n
		M	Medical Conversi	on Factor
		P	Pathology Conver	rsion Factor
		R	Radiology Conve	rsion Factor
		S	Surgical Conversi	on Factor
ALGORITHM	N/A			
Subordina	ATE A ND/	'Or Grou	JP ELEMENTS	
Subordinate			Gro	DUP
N/A			N/	A

¹ Must be blank on prevailing records.

ELEMENT NAME: CLASS OF PROVIDER

RECORDS/LOCATOR NUMBERS

RECORD NAME	Loc	ATOR#	OCCURRENCES	REQUIRED
Pricing	4-	015	1	Yes ¹
PRIMARY PICTURE (FORMAT)	Two (2)	alphanu	ımeric characters.	
DEFINITION	Code to identify those exceptions to requirements governing development of profiles on a non-specialty basis.			
CODE/VALUE SPECIFICATIONS	()1	Medical, MD, DOs	
	()2	PHDs, Psychologis	sts
	(03	Social workers, par counselors, marria counselors, mental counselors and psy practitioners	ge and family health
	(04	Others not include '03' or '05'	d in '01', '02',
	()5	Chiropractor	
ALGORITHM	N/A			
SUBORDIN	ate A nd/	Or Grou	JP ELEMENTS	
Subordinate			Gro	UP
N/A			N/A	A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Must be used when different prevailing fees or conversion amounts are developed for different classes of providers. If developed for only one class of provider, report only in appropriate class.

RECORDS/LOCATOR NUMBERS

RECO	JRDS/LOCATOR INUI	VIBER2			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Pricing	4-030	1	Yes ¹		
PRIMARY PICTURE (FORMAT)	Seven (7) signed places.	numeric digits inclu	ding 2 decimal		
DEFINITION	Monetary amount derived from Relative Value Unit and Conversion Factor to be used when a prevailing fee has not been established.				
CODE/VALUE SPECIFICATIONS	N/A				
ALGORITHM	Medical Relative Value Unit (RVU) times appropriate conversion factor for the procedure code. Appropriate conversion factor is based on whether the procedure code is a Medical, Radiology, Surgical or Laboratory procedure code.				
SUBORDINA	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	UP		
N/A	N/A N/A				

NOTES AND SPECIAL INSTRUCTIONS:

¹ This field is only required when pricing is based on the conversion factor methodology, but is not applicable for anesthesia services. Code zeros for anesthesia conversion records, all area prevailing and by report records.

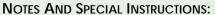






ELEMENT NAME: MEDICARE ECONOMIC INDEX PRICE

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED			
Pricing	4-040	1	Yes ¹			
PRIMARY PICTURE (FORMAT)	Seven (7) signed numeric digits including 2 decimal places.					
DEFINITION	Monetary amount derived from application of the Medicare Economic Index (MEI) to prevailing fee or conversion amount.					
CODE/VALUE SPECIFICATIONS	N/A					
ALGORITHM	N/A					
SUBORDINA	SUBORDINATE AND/OR GROUP ELEMENTS					
Subordinate		Gro	UP			
N/A	N/A					



¹ This field is required for all procedures subject to MEI requirements. Code zeros if not applicable.



ELEMENT NAME: PREVAILING FEE

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Pricing	4-025	1	Yes ¹	
PRIMARY PICTURE (FORMAT)	Seven (7) signed numeric digits including 2 decimal places.			
DEFINITION	Prevailing fee for the procedure code.			
CODE/VALUE SPECIFICATIONS	Must be numeric.			
ALGORITHM	N/A			
SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate		Gro	DUP	
N/A		N/	A	

NOTES AND SPECIAL INSTRUCTIONS:

1 Code zeros on conversion and by report pricing records.







ELEMENT NAME:	Pricing	EFFECTIVE	Date
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RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Pricing	4-050	1	Yes	
PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters, YYYYMMDD.			
DEFINITION	Effective date of	f the data on the Prici	ng record.	
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar ye	ar	
	MM	2 digit calendar month		
	DD	2 digit calendar day		
ALGORITHM	N/A			
SUBORDIN	ate And/Or Grou	JP ELEMENTS		
Subordinate		Gro	UP	
N/A		N/A		
Notes And Special Instructions: N/A				



F	LEMENT	NAME:	PRICING	G PROFILE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Pricing	4-045	1	Yes ¹	
PRIMARY PICTURE (FORMAT)	Two (2) alphanu	meric characters.		
DEFINITION	Number identifying the pricing period used to determine the allowable charge.			
CODE/VALUE SPECIFICATIONS	15 = 15 Profile	01/01/1995 - 01/3	1/1995	
	95 = 95 Profile	02/01/1995 - 12/3	1/1995	
	16 = 16 Profile	01/01/1996 - 01/3	1/1996	
	96 = 96 Profile	02/01/1996 - 12/3	1/1996	
	17 = 17 Profile	01/01/1997 - 02/2	8/1997	
	97 = 97 Profile	03/01/1997 - 12/3	1/1997	
	18 = 18 Profile	01/01/1998 - 01/3	1/1998	
	98 = 98 Profile	02/01/1998 - 07/3	1/1998	
	28 = 28 Profile	08/01/1998 - 12/3	1/1998	
	19 = 19 Profile	01/01/1999 - 01/3	1/1999	
	99 = 99 Profile	02/01/1999 - 01/3	1/2000	
	00 = 00 Profile	02/01/2000 - 01/3	1/2001	
	01 = 01 Profile	02/01/2001 - 99/9	9/9999	
ALGORITHM	N/A			
Subordin	ATE AND/OR GROU	P ELEMENTS		
Subordinate		Gro	UP	
N/A		N/.	A	

NOTES AND SPECIAL INSTRUCTIONS:

DRAFT

¹ Required on all pricing records, including conversion.

ELEMENT NAME:	PRICING S	State O	R C	COUNTRY	CODE
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RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Pricing	4-005	1	Yes	
PRIMARY PICTURE (FORMAT)	Three (3) alphan	umeric characters.		
DEFINITION	Code assigned to identify the state or foreign country for which the pricing data was established. State codes will be left justified and blank filled to the right.			
CODE/VALUE SPECIFICATIONS	Reference Chapter 2, Addendum A and Addendum B.			
ALGORITHM	N/A			
SUBORDIN	ATE AND/OR GROU	IP ELEMENTS		
Subordinate		Gro	UP	
N/A	N/A			
Notes And Special Instructions: N/A				







ELEMENT NAME: PROCEDURE CODE					
Reco	ORDS/LOCATOR NU	MBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED		
Pricing	4-010 1 Yes				
PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.				
DEFINITION	Code indicating the procedure to which the pricing data applies.				
CODE/VALUE SPECIFICATIONS	Physician's Current Procedure Terminology (CPT-4) or TMA approved codes (Chapter 2, Addendum E). HCPCS National Level II codes.				
ALGORITHM	w N/A				
SUBORDIN	SUBORDINATE AND/OR GROUP ELEMENTS				
Subordinate	E GROUP				
N/A	N/A				

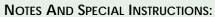
Notes And Special Instructions: N/A

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Pricing	4-001	1	Yes	
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.			
DEFINITION	Code to indicate the type of record.			
CODE/VALUE SPECIFICATIONS	4	Pricing		
ALGORITHM	N/A			
SUBORDIN	ate And/Or Grou	UP ELEMENTS		
Subordinate		Gro	UP	
N/A		N/A	A	
Notes And Special Instructions: N/A				



ELEMENT NAME:	TYPE C)f I	Pricing :	SERVICE
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RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED			
Pricing	4-020	1	Yes			
PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.					
DEFINITION	Code to indicate type of service to which pricing data applies.					
CODE/VALUE SPECIFICATIONS	01	Professional Component				
	02	Technical Component				
	03	Medical				
	04	Surgery				
	05	Professional and T Combined	echnical			
	07 ¹	Psychotherapy				
	08 ¹	Psychotherapy (in	patient only)			
	09	Anesthesia				
ALGORITHM	N/A					
SUBORDINATE AND/OR GROUP ELEMENTS						
Subordinate		GROUP				
N/A		N/A				



¹ Codes 07 and 08 are not valid for psychiatric code conversion pricing records; use code 03 (Medical).

GENERAL EDIT REQUIREMENTS - OVERVIEW

1.0. TMA EDITING SYSTEM

TMA relies upon the data received from the contractor to account for the expenditure of government funds and to develop statistical information. This information is used for the analysis of the TRICARE program, for reporting to Congress, and the Executive Branch, and for developing trends and budget projections. TMA processes health care data received from the contractor through the TMA editing system, to ensure the accuracy and integrity of its database. There are two basic types of edits in the TMA editing system:

1.1. Validity Edits

If any data element fails a validity edit the record will be rejected and returned to the contractor for correction.

1.2. Relational Edits



If any data element fails a relational edit the record will be provisionally accepted and returned to the contractor for correction. These records must be resubmitted as an adjustment by the contractor and will be flagged on the TMA database as provisionally accepted until they have been corrected by the contractor.



1.3. Records with validity edit errors will be returned to the contractor with the same batch/voucher identifier and must be corrected and resubmitted using the same batch/voucher identifier.



1.4. Records with relational edit errors will be returned to the contractor with the same batch/voucher identifier and must be corrected via the adjustment process and resubmitted with a different batch/voucher identifier.

2.0. TMA ERROR MESSAGES

TMA edits generate error messages if the required conditions are not met. The two major parts of an error message are the error code and the error message text. The error codes are structured to identify the data element in error by using the Element Locator Number (ELN) as the first four digits.

2.1. Error Code Structure

The error codes have the following structure:

2.1.1. Four Characters

Element Locator Number (ELN) (followed by hyphen)

2.1.2. **Two Digits**

Number of the Error Code for a given element (01 if only one error code exists for a given element, there may be gaps in the sequence for an element)

2.1.3. **One Character**

R - for relational edits

2.1.4. Blank

For "individual" validity edits

2.1.4.1. **Occurrence Number Error**

Identifies the occurrence position of the data in error.

Note: The error code on the Edit Error Report may have two additional digits which identify the unique number of the utilization/revenue occurrence within the record.

3.0. **RELATIONAL ERROR CODES**

For "relational" error codes, the ELN part of the error code represents an arbitrarily established leading data element in a relational edit.

4.0. **RELATIONAL ERROR MESSAGES**

Chapter 2, Section 3 through Section 8 contain a list of error messages sequenced by ELN. The top right part of each page identifies the type of record or records to which the edit applies. There are two parts to each edit - the validity edits and the relational edits.

Relational Edits 4.1.

The relational edits list all the data element names to which an element is related, listing the complete error code and defining the relationship. Where the relationship is part of a different ELN, the error code is shown for reference to be used in looking up the relationship. The information in Chapter 1, Section 3 through Section 8 contain the pseudo code used by TMA to write the editing program modules. Additional edits or changes may be made by TMA to ensure that the data submitted is in compliance with the TRICARE Policy Manual and the Operations Manual. Records retained by the TMA editing system, accompanied by error reports, are sent to the contractor for correction and resubmission.

4.2. **Date Validity Edits**

All dates must be valid gregorian or julian dates.







